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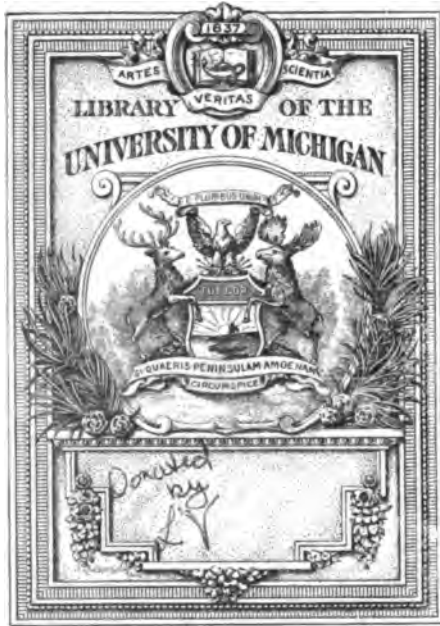
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THE  
MEDICAL COUNSELOR

VOLUME VII.

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H. R. ARNDT, M. D.,  
EDITOR.

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# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

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## EDITORIAL

THE WEEKLY MEDICAL COUNSELOR with this number commences its second volume as a weekly and the seventh volume of the complete series. The change from a monthly to a weekly was made somewhat abruptly, and with serious misgivings as to the result of the experiment; the weekly has now passed the "experimental" stage of its existence and faces the future hopefully, and—shall we say it?—almost defiantly.

The past six months of the WEEKLY COUNSELOR have not been free from anxiety; indeed, it seemed often as if we were surrounded on all sides by breakers, rocks, dangers; we heave a sigh of relief, conscious that our sailing after this will be in smoother waters.

It has been very difficult to so make up each number of the journal as to crowd into it a sufficient variety of matter to furnish something of interest to every reader. We have done the very best we could, and dare hope to have succeeded, in part at least, if we may accept in good faith the many words of approval which have come to us unsought and unexpected. Nevertheless, we must beg our friends to bear in mind that it is not only exceedingly difficult to secure in the make-up of each number something that will suit each taste, but that our friends, to get a correct idea of the work done by us, must not judge us from any one number, but must examine the matter contained in at least one month's issue. If this is done, our friends will readily see that we have furnished our readers, at a *very* moderate price, a larger amount of matter, and a greater variety of original communications than has been published by any other journal of our school. Indeed, an examination of the work done by us during the half-year just closed must, of necessity, secure to us the continued support of the profession.

We desire to express our sincere thanks to those who have contributed so generously to the pages of the COUNSELOR. It is no small task to supply the amount of copy needed by a "weekly," and often our position would have been most embarrassing, had not our frequent calls for help met with prompt response from nearly all quarters.

And now, as we enter upon a new volume, hopeful of the future, and yet aware of those peculiar trials of patience and perseverance with which the past has made

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us familiar, we would ask our readers and friends to give us their hearty support by doing all they can toward securing for us a growth of circulation, and by contributing to our pages such articles as will add to the interest and to the value of the COUNSELOR. For ourself, we have no promise to make save this: we shall do our duty as we see it; we shall furnish as good a journal as we can; we shall continue to be independent and cautious in all things; we shall endeavor to advance the interests of pure homœopathy; we will seek to be just to all, and finally, we shall do what lies in our power to maintain the integrity of our school as an organized body, and we shall do this *not* because we are selfish, narrow-minded or perverse, but because we believe that the interests of the sick and of medical science would suffer were there to take place an amalgamation of the different schools of medical practice.

### →\*EYE·EAR·AND·THROAT\*←

#### TRAUMATISM OF THE EYE.

F. PARK LEWIS, M.D., BUFFALO, N. Y.

Nature is a most admirable conservator of the integrity of the human system. All of her efforts are opposed to the action of morbid agencies and all of her provisions are designed to shield her charge from harm. She protects the more essential and delicate tissues by bony cases and heralds the approach of danger by sensitive nerve-bulbs. In a word she saves from injury when she can, and aids in reparation where prevention was impossible. Nowhere is this more beautifully exemplified than in the eye. Resting on a soft, fatty cushion the human eye is safely ensconced in a firm bony socket. Deep enough to be beyond the reach of the blows that might strike the face, it has range of motion still to command a wide field of view. The soft mucous-lined lids clear the corneal window, while the inter-lacing cilia form a barrier against the innumerable particles of dust and sand blown about by the atmosphere. An irritating substance in the eye will give rise to increased lachrymation that may suffice to wash out the offending body. On the approach of danger the eye-lids spasmodically close; and so rapidly is this accomplished that instances are related of gun-powder explosions occurring with the eyes open, yet the lids receiving the whole force of the injury. The ball, too, at such times rolls quickly upward, carrying the cornea out of danger. A man stabbed in the equator of the eye-ball was found to be wounded in the sclera below the cornea, so rapidly had the eye rolled upward. But notwithstanding all of these safeguards, the extreme vulnerability of the eye renders injury to this organ a matter of no infrequent occurrence. A wound of so trifling a nature as to

be quite overlooked elsewhere may here give rise to irremediable blindness. The aim of the surgeon must be therefore not alone the restoration of the continuity of the part but as far as possible of the former condition of the tissues. A scar so slight as to be invisible to the unaided eye of the observer, may render accurate vision impossible. Traumæ of the eye, hence, demand immediate and intelligent treatment. A few hours, in such cases are often of incalculable value. In lacerated wounds of the cornea for instance, with prolapse of the iris, a very short time may be sufficient to allow inflammatory adhesions that cannot be broken up, and a deformity will ensue that might have been prevented. The variety of traumatic affections to which the eye is subject is so great as to forbid at this time a review at all exhaustive; and I will only attempt a brief resume of the more practical points in the treatment of this class of injuries.

Foreign bodies, carried by the wind or floating on the atmosphere, may be lodged on the conjunctiva. These when lying loosely on the tissue may generally be quite easily removed by simply everting the lid, when they are brought to view. They may, however, be concealed in the cul-de-sac back of the tarsal cartilage. I have known this fold to retain the whole outer coating of a large marrowfat pea, which on eversion of the lid was quite invisible. When a foreign body is suspected a blunt probe should be passed under the cartilage and the part thoroughly explored. Pieces of steel, stone, emery, or iron are not infrequently lodged on the eyeball. When superficial they are generally quite easily removed by a fold in the handkerchief, but when they have pierced the corneal epithelium or the ocular conjunctiva their removal is often a matter of greater difficulty. A flat needle or blunt spud may at such times be used. I have found a very simple expedient at such times to be useful. When the substance is firmly imbedded in the cornea, its removal often requires considerable skill, with as perfect immobility of the eyeball as possible. Instead of using the fixation forceps and speculum I have found it better to place the third finger of either hand upon the ball on each side of the cornea. The pressure of the fingers at once steadies the eye and deadens the sensibility, so that there is no nervous shrinking when the cornea is touched. The needle is then placed under the offending substance and it is gently lifted out. The irritation following the removal of foreign bodies is greatly allayed by the application of a 1 per cent solution of Atropine in Castor oil.

This is also useful after burns by caustics. Those working in lime and chemicals sometimes have these substances full in the eye. In this case the irritant must be as completely removed as possible. This may be done by washing with tepid water slightly acidulated, and any particles that remain should be taken out piece by piece. The greatest danger in these cases, as well as in burns from molten metal, is the adhesion of the lids to the globe. This may sometimes be prevented by the frequent instillation of oil during the healing process, while any adhesions that may occur are broken up with a probe as soon as they begin. But notwithstanding the greatest care, in serious cases troublesome adhesions are more than likely to occur, necessitating subsequent surgical measures for their relief. When the cornea is extensively burned it is best to remove the eschar in order both to aid the reparative process, and that the new tissue may, as far as possible, be transparent. Burns from Carbolic acid and Kreasote have a tendency to extend much further than the nature of the injury would appear to warrant. A lady mistaking a bottle of the latter for a domestic eye-wash applied it on the finger tip to the inner angle of the eye, none, I believe, entered the eye, but an extensive suppurating surface, extended over the inner portion of both lids with most intense catarrhal conjunctivitis, which could not be relieved for several weeks.

Burns of the lids are serious in proportion to the amount of tissue involved. If the integument is chiefly implicated healing may occur with eversion, while inversion may follow extensive destruction of the conjunctiva. A pressure bandage should be employed in these cases. In lacerated wounds of the lids, the parts should be co-adapted as nicely as possible that the least possible contraction may follow the cicatrix. In lacerated wounds of the cornea, the suture is unnecessary. If the iris is entangled in the wound and cannot be replaced by gentle rotary motion over the lids a myotic or mydriatic will be required. Calendula, Arnica and Hamamelis are all good applications locally. Staphysagria has also been used both locally and internally with good effect.

Foreign substances are sometimes driven completely through the cornea into the anterior chamber. If the body is quite loose an incision through the sclero-corneal margin will allow a gush of aqueous that may carry the offending substance with it. If, however, it is entangled in the iris, its removal will necessitate an iridectomy, the foreign body coming away with the fold of tissue.

Penetrating wounds not situated in the ciliary region are usually quite manageable. A boy playing with his sister rushed upon an open pair of scissors which she held in her hand. One of the blades penetrated the cornea, iris and lens. Traumatic iritis quickly supervened. A solution of Atropine was used locally and the compress bandage employed. The cataract which resulted was gradually absorbed and in a few months' time the media was perfectly clear, a very slight scar remaining in the cornea.

Wounds involving the ciliary region are much more dangerous, imperiling not alone the injured eye, but sympathetically, the other as well. In June a three year old boy was brought to me with rupture of the cornea barely reaching to the scleral juncture. The iris was prolapsed, the lens apparently uninjured. The position of the wound rendered the chances of saving the eye very small, but an iridectomy was made as the only hope. As I was leaving for Europe in a few days the mother was warned of subsequent trouble and advised if inflammatory symptoms should arise to consult an oculist at once. On my return in November, I found that trouble had occurred. A slight blow on the eye during the summer had been followed by an acute inflammation, evidently an irido-cyclitis, and the eye-ball was now soft, the lens cataractous, and the ciliary region tender. The other eye was also affected showing a little sensitiveness to touch. So enucleation was at once advised and performed. The photophobia very quickly left the remaining eye, which at the present writing, four months later, appears perfectly well and strong.

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### →❖MEDICINE❖←

#### A TISSUE REMEDY IN A CASE OF CHRONIC DYSENTERY.

E. B. RANKIN, M.D., SAN ANTONIO, TEXAS.

In August of 1881, I was called to see a prominent lawyer living in the central portion of the state who was suffering from an acute attack of dysentery. I found him a man about 35 years of age, of slight build, dark complexion, and of a sanguine temperament. He had been suffering from painful stools for a day or two before, and when I saw him was having from four to five bloody passages in twenty-four hours. The stools consisted of transparent, tenacious, stringy, slime; resembling the white of an egg, streaked with blood



and mixed with a small amount of fecal matter. The whole mass had a jelly-like appearance and clung closely to the sides of the vessel. There was an almost constant desire for stool, which the patient controlled as long as possible; considerable tenesmus and aching in the rectum. He had no nausea and the tongue had a thin white coat. The case seemed an easy one to prescribe for, and taking the totality of the symptoms and also considering the condition of the weather, warm days and cool nights, he was given *Nux vom.* 3x, and *Bryonia* 3x, in alternation, every two hours. His diet to consist of rice and boiled eggs.

The next morning he was much better having had only two stools during the night. Same treatment continued. In three days he reported himself at office as well, and resumed his duties as usual, promising to follow the dietetic rules laid down for him and to report the first symptoms of a relapse.

Two weeks passed and he again sent for me. This time he was seen by my friend and colleague, Dr. C. E. Fisher, and together we studied his case. The trouble was essentially the same as before but much more aggravated. The stools were preceded by griping in the intestines and violent tenesmus. There were also strips of epithelium mingled with the bloody stool, showing stripping off of the mucous lining. The soreness and aching were now almost constant with marked nightly aggravation. He seemed to lay the relapse to imprudence in diet, but this was not the case as the sequel shows. He was feeling considerably prostrated from pain and loss of sleep. We prescribed *Mercurius sol.* 3x, a powder every two hours, and beef tea for nourishment. He was requested to remain in bed, as he had been moving about the house some.

For the next two days there was some improvement. Less pain, stools less frequent and slightly improved in character. Continued the same treatment.

No permanent improvement having followed the *Mercurius sol.* the prescription was changed to *Mercurius cor.* 3x, and *Argentum nit.* 30x, in alternation, every two hours.

Under these remedies he made better headway but becoming discouraged he decided to go to Wooten Wells, near Bremond, Tex., they having quite a local reputation for the cure of intestinal and hepatic diseases. They contain iron among other ingredients. Here his improvement was rapid from the very first glass of the water. The

stools immediately changed for the better and he began to gain flesh. He remained there two weeks and returned home thinking himself well. This was about September 15th.

During the month of September typhoid fever, dysentery and pernicious intermittent prevailed all over the northern and central portion of Texas, and the town in which our patient lived, like most southern cities, being dirty and poorly drained, was anything but a sanitarium for our patient and he had scarcely been back a week when all the symptoms returned with increased severity. Having lost faith in homœopathy he called in an old school practitioner, whose heroic and scientific (?) treatment so reduced him that in about a week he was scarcely able to leave his bed, and the disease was rather aggravated than otherwise. Under these circumstances he again left the city for the Wells.

Improvement again followed the use of the water.\* He remained at the Wells four weeks this time and returned to the city seemingly well.

It only took him *three days* this time to get back to his old condition, and I was again called in.

The sanitary condition of the town was worse if possible than at his first return and I entertained grave doubts as to his recovery at all if he remained there. However, I again went to work with a will. He had greatly improved in appearance. Was really *fat* and there was no end to his pluck. I do not know that I ever had a patient who so persistently met me with a smile and a pleasant word. He was bound to get well, in spite of fate and the doctors.

I put him on Argentinum nit. 6x trituration, every three hours. The improvement was marked and rapid for a week. I had begun to see him every other day and was confident of the correctness of my prescription, when one evening I was sent for hastily and informed that he was worse than ever. I was with him in a few minutes and found that the messenger had not exaggerated. He had already had six bloody and painful stools that evening, after going for several days with out a single bad stool.

I confess I was at my wits end. I did not sleep much that night, but studied hard on the symptoms of the case. The clearly indicated homœopathic remedy had signally failed in making a permanent cure. Here was undoubtedly a want of réactive vitality. Temporary improvement followed the remedies always, but what would cure?

was the question. There was some chemical combination in the well water that helped, could it be the iron? This line of reasoning led me to think of a tissue remedy. There was evidently a lack of some proximate principle which was supplied while drinking the water. I gave him Ferrum phos., 6x, in water, every two hours. Improvement commenced at once and in a week he was a well man and had no return for three months. He is fat and hearty and is to-day one of the strongest advocates of homœopathy in the state.

I do not write this to show my stupidity in not finding the remedy before, but that it may perhaps be of help to some of my professional brethren, whom I trust will not suffer the mortification that I did in this case. Disease must be treated chemically sometimes. My experience in many cases since have fully justified my conclusions. Natrum mur., Kali mur., Calcarea sulph., has served me well in obstinate and dangerous cases. If this patient had had Natrum mur. in the first place I have no doubt but that the case would have been quickly cured. The iron in the well-water was not in a proper combination or dose to complete the cure. Potentized Phosphate of Iron was what he needed.

One word about the flux of this section of the country. As a rule it is fatal if neglected or not properly treated. There are many deaths under the regular treatment of astringents, tonics, etc. Quite common sequellæ are hæmorrhoids, caused by the severe straining and the long continued inflammation. For ordinary acute cases, Ipecac. 2x or Mercurius sol. 2x, will cure in a few hours if taken regularly and often. The diet should consist of milk, rice and beef-tea. An injection of Slippery Elm paste about the consistency of starch will aid materially by keeping the raw surface of the rectum apart, thus assisting the healing process. Should be glad to hear of more cases with the tissue remedies.

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#### CLINICAL CASES.

F. G. OEHME, M.D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

[Translated from the German.]

#### CROCUS IN ABORTUS.

A woman of 42 years, who has had various chronic diseases, conceived several times, but always miscarried in the sixth or seventh month, some time after the death of the fœtus. The last miscarriage was preceded and followed by considerable metrorrhagia, which allopathic remedies could not check. Singular motions in

the abdomen as if from a fœtus, red speckled face, and constant desire for fresh air pointed to Crocus which in the 30th potency gave relief at once and caused a quick recovery. Sometime afterward she conceived again, and felt well till the time of former miscarriages, when her well known forerunners of miscarriage suddenly appeared, viz., cessation of the child's motion, a singular feeling as if from something dead, and heaviness in the bowels, etc. Crocus<sup>30</sup>, morning and night, and as she soon improved, once a day. The pregnancy continued normally and she felt exceedingly well. The birth was natural and the child fully developed. The after-birth had three grayish-white, bloodless, shrunken places, one of them being about four centimeters in diameter, the others one and a half centimeters. At the last miscarriage the whole after birth looked like these places. It was consequently very probable, that the miscarriage had commenced, but was prevented by Crocus.—*Allg. Hom. Ztg.*, 103, 105. *Kunkel.*

PLUMBUM ACETICUM IN NEPHRITIS DESQUAMATIVA.

The owner of a brewery, a stong, corpulent man of 40 years, always healthy, of regular habits, but accustomed to drink daily beer and wine, had an intermittent fever which had been suppressed by large doses of Quinine. After this, great weakness and fatigue of the whole body made their appearance; a short walk, but particularly going up-stairs, tired him exceedingly and caused short breath. No appetite, digestion greatly deranged, the skin icteric, the patient much discouraged. After the return of a few chills a nephritis desquamativa and a pneumonia lobularis dextra appeared. The temperature was in the evening 40° C., and in the morning 39° C. Cough with bloody expectoration, and also stinging pain in right side from pleuresy. The urine contained much albumen, looked red, and the microscope showed large quantities of blood-globules, also many epithelial cells from the kidneys, crystals of oxalate of lime and a few hyaline cylinders. Urine less in quantity. After the pneumonia was removed by Aconite, Belladonna, and Tartar em., the symptoms of the nephritis grew more prominent and the lower limbs became much hydropic. Belladonna, Cautaris, Coccus cacti, Oleum Terebinthæ, and warm baths wholly ineffectual. Headache from occiput toward the forehead, eyelids flabby and œdematous, sunken eyes with a staring expression, pains in the limbs, emaciation, weak, slow pulse. Hoarse voice, catarrh of

the bronchi with expectoration of tough mucus. Short, *dry cough*, *bloody expectoration*, *shortness of breath*, coated tongue, entire *want of appetite and vomiting*, aversion to every kind of food, eructations and vomiting of a slimy mass, constipation. Urine diminished, tenesmus of the bladder, *dysuria*, *bloody, fiery-red urine, containing albumen*. *Uneasy sleep* and continued sleepiness. Great *despondency and indifference*. Plumbum aceticum<sup>2</sup> improved at once and cured soon. The catarrh of the stomach, caused probably by too much beer and wine, remained and was cured by Kissingen.—*Allg. Hom. Ztg.* 103, 131. *Weil.*

### →\*MISCELLANY\*←

#### WHAT THE PHYSICIST MEANS BY "WORK" AND "ENERGY."

Suppose a gardner, with a ton of gravel in front of him, were told to move that gravel to a height of three feet. He would go to work with his spade; he would move shovelful after shovelful from the ground-line up to the three-feet height, and after he had moved the whole of it you might readily imagine that he would be a little fatigued. Now, whenever a person does anything which causes fatigue, he does what we call work. The gardener, in lifting the gravel, would perform an amount of work which is capable of being measured. I will give you another illustration. Suppose some of you boys were put beside a pile of cricket-balls, and for a wager or prize you were called upon to throw the balls as fast and as far as you could. A good thrower would perhaps throw the first ball eighty yards, he would throw the second ball seventy-five yards, the third seventy yards, the fourth sixty-five yards, and so each ball that he threw would go a less and less distance, until he had no strength left, and he could throw no more balls. Now, that boy would have done work; something would have passed out of him into the balls; he has, as it were, passed something that belonged to him into the cricket-balls, and as a result he feels fatigue through the loss of this something. Take another illustration: Supposing two crews agree to row a race. They start full of life and full of energy; they pull with all their hearts and might, and arrive at the goal, in common language, thoroughly pumped out. Something has gone out of them into the boat. That which has gone out of the crew, and out of the

boy who threw the cricket-balls, is what we call energy, and what they have done is to do work upon the boat. Another example is in the case of foot-ball. A boy kicks a foot-ball and makes a splendid goal. To do that he has sent something out of his body into the ball which hurtles through the air past the goal, and the game is won. In all these illustrations something is done which results in fatigue, work is performed and energy is lost; in fact, work done means energy applied, and energy applied means work done. As mental energy is our capacity for learning lessons, for going through examinations, and that kind of thing, so the energy of the kind I speak of is the capacity for doing absolute physical work. The generality of this energy is immense. It is a difficult thing to grasp the fact that there is something in existence that we cannot feel, that we cannot touch, and that we cannot see, but which gives us all the force and all the power we possess.—From "*Recent Wonders of Electricity*," by Professor W. H. Preece, in *Popular Science Monthly* for March.

#### A PECULIAR AFFECTION.

Antonio Rizo reports (*Il Movimenti Med.-Chir.*, No. 1, 1881) numerous cases of a peculiar affection which has been prevalent in Terra de Lavoro during the last sixty to seventy years. Its most characteristic feature consists in the formation of a pearl-gray, false membrane, of the size of a pea to that of a centesimo, on the under surface of the tongue, anywhere between the tip and frenulum. It is adherent to the mucous membrane, above the level of which it is but little prominent, and, on being torn off, while causing only slight hæmorrhage, exposes an ulcerated base, which becomes covered with a new membrane in a day or two, despite cauterization with Nitrate of Silver. The rest of the mucous membrane of the mouth is not affected, there is no fetor ex ore, no swelling of the tongue or adjacent lymphatic glands, and no interference with nursing. The disease occurs only during the summer months, is always associated with intestinal catarrh, and is fatal in ninety per cent of the cases, death being due to inanition. The affection is confined to nurslings, occurring most frequently in the period immediately preceding the first dentition, and is not contagious, but infectious. It does not appear to be dependent upon any constitutional anomaly inherited from the parents, although these are usually country peo-

ple living under the most impoverished conditions. The author has not met with the disease in its first stage, nor has he been able to make any post-mortem examination, or microscopical studies of the false membrane. Its non-identity with diphtheria is established by the clinical features of the disease, and more particularly by the fact that diphtheritis has occurred in the district only since the last decennium.—*Allg. Med. Central Zeitung*, May 28, 1881.

### →\*THE LIBRARY\*←

THE HUMAN EAR AND ITS DISEASES. A Practical Treatise upon the Examination, Recognition and Treatment of Affections of the Ear and Associate Parts; prepared for the instruction of students and the guidance of physicians. By W. H. WINSLOW, M.D., Ph.D., Oculist and Aurist to the Pittsburgh Homœopathic Hospital, formerly clinical assistant to Will's Ophthalmic Hospital, etc., One hundred and thirty-eight illustrations. Publishers: Boericke & Tafel, New York and Philadelphia; 1882. Price, in cloth, \$4.50.

Not many years have passed since we were a medical student, listening in all possible meekness to the words of wisdom dropping from the lips of those who were trying to pound into our stupid head the wonders and mysteries of medical science. No doubt our stupidity dampened, more than once, the ardor of our teachers and, for all we know, they came to look upon us as a hopeless case; if so, we forgive them; they had every reason to make an unfavorable prognostication in our case. Nevertheless, we kept on listening to some purpose. We can look back through the years that have gone, and recall many a bit of sound advice dropped here and there, and if our professional life has had its little triumphs and its bits of brightness, we acknowledge, with profound gratitude, that for them we are indebted to those men who by their example taught us patience and perseverance. And how the lectures crowded each other! Verily! it seemed as if our teachers were mines of inexhaustible wealth, and as if a more complete course of lectures than we heard *could not* be given.

A few years of practice showed us plainly enough that this latter belief was erroneous; we began to realize that there had been omitted in our course of study, many things we should have been taught; and when in course of time, we were brought face to face with diseases of the eye and of the ear, we had to plead guilty to a lamentable degree of ignorance concerning even the most important principles which underlie those branches of medicine; the knowledge that ophthalmology and otology had hardly a place in our curriculum of study did not help us cure our patients, but it eased our conscience.

How little medical students of to-day realize the especial advantages which they enjoy over the students of ten, fifteen and twenty years ago! If the poor boys were only saved the labor of trying to cram into their bewildered brains, during two short terms of lectures, an amount of matter which no human being can digest in less than twice that length of time! But the world moves, and before long our colleges will be prepared to spread their course of study over three or four years' attendance upon lectures.

Do our students of to-day wonder why little attention was paid fifteen, or more, years ago to the diseases of the eye and ear? Why, our school had *very few*, if any, specialists in those days; our specialists of to-day, the men who are holding such strong positions, who are winning fame and money, and are doing a great work for the school at large, *nearly* all of them are young men, and your teachers of to-day are the students of ten and fifteen years ago who saw the demand and prepared themselves to fill it; how well they have filled it, is known to us all. Look about you, see the work done by them in our colleges, hospitals, and dispensaries; examine their work, study the books written by them, remember how few the years in which all this has been done, and remember, if you can, that homœopathy is going to the dogs!

And thus we come back to Dr. Winslow's book on the "Human Ear," the first book of any size written on this subject by a specialist of ourschool. We *could* not acknowledge how *very* little we know of this subject, how poorly qualified we are to read it critically, as becomes the reviewer of a book, without stating in justice to ourselves, the reason why we are ignorant where knowledge would be bliss.

Winslow on the "Human Ear" is, in the full sense of the word, a text-book on the subject indicated on its title-page. Beginning with a most interesting and exhaustive chapter on the anatomy of the ear, it discusses in a lucid manner the physiology of that organ, deals with the various methods of examining the ear, tests of hearing, inflation, auscultation and examinations of those adjoining organs and structures which play an important part in connection with otology. The various diseases of the ear are discussed in seven consecutive chapters, one of which is chiefly devoted to a consideration of the use of electricity in aural disease. Without entering into the details of the plan of the work, we may safely say that it is eminently practical and thorough. The various pathological conditions are described with a clearness which commends itself at once to the reader, and with a fullness which leaves the impression that all the important facts have been faithfully stated. The illustrations, many of them taken from Burnett and other acknowledged authorities, are of the greatest service in arriving at a thorough understanding of the text.

The therapeutic hints, usually, are clear and to the point. Probably some of our colleagues will find fault with the constantly recurring recommendations of local medication, caustics, etc., but it is well to remember that specialists, as a class, place much dependence upon such measures, and that the general practitioner, no matter how well read, can hardly claim to speak intelligently, much less with authority, upon subjects removed from his own field of labor.

One of the great charms of this book lies in the peculiarly happy manner in which the author presents his subject. Dr. Winslow is in love with his specialty, and he knows how to excite in his reader a desire to know something of the interesting study to which he is introduced. "The cochlear walls protect and contain the most elaborate portion of the organ of hearing. The organ corti is the æolian harp, which responds to every vibration of the membrana tympani, and furnishes the music of the universe. The ciliated, or hair-cells, of the terminal fibres of the cochlear nerve are moved like the strings of a piano by the blows of sounds, which are transmitted through the membrana basilaris by the fluid of the labyrinth. The cells are grouped and protected by the three thousand arches of corti, and each one is supposed to be attuned for the reception of a particular tone. The vibrations of music sweep over these hair-cells, as the wind sways the nodding plumes of a wheat-field; as the pitch



risers, contiguous groups of cells are excited, and there is a harmonious blending of impressions, like the melting of one tone into another, when the loud pedal of the piano is pressed." Who can read lines like these without being tempted to read on to the very end without stopping for rest? Truly, the maker of a good book is a great benefactor.

The book forms a beautiful volume of 526 pages, all clean, clear, wise, tempting. It deserves a rapid sale, *and it will have it.*

**ILLUSTRATIONS OF DISSECTIONS; A Series of Original Colored Plates, the Size of Life, Representing the Dissection of the Human Body.** By GEORGE VINER ELLIS, Professor of Anatomy, and GEO. H. FORD, Esq. The Drawings are from Nature by Mr. Ford, from Dissections by Professor Ellis. Vol. II. Second Edition. New York: Wm. Wood & Co., 1882. (February number of Wood's Library of Standard Medical Authors, for 1882.)

The volume now before us is the mate, in merit, of the first volume of this work, noticed in an earlier number of this journal. It contains thirty excellent plates, with descriptive text, illustrating the perinæum, the abdominal parietes, the pelvis (male and female) and the lower limbs.

### →\*†SOCIETY†NOTES\*←

#### **HAHNEMANN MEDICAL SOCIETY OF HENNEPIN COUNTY.**

March 3, 1882.—Discussion of papers.—Dr. Beaumont had found Pulsatilla and Graphites frequently curative in repeated hordeola, and had successfully used a strong solution of Aconite and Arnica tinctures locally applied, to abort a sty in its very beginning.

In diphtheria, Dr. Brazie stated that his "sheet-anchor" was Mercurius cyan., and that he generally also employed a spray medicated with Sulphuric acid 6x.

Wm. E. LEONARD, Sec.

#### **COLLEGE OF PHYSICIANS AND SURGEONS.**

DETROIT, March 20, 1882.—Dr. Gilchrist, at the request of the lecturer for the month, gave a lecture on the Etiology of Tumors, in continuation of the subject of last week. The study of tumor genesis involves a consideration of heredity, as to nutrition; of local tissue changes from traumatic or accidental occurrences, and of the force of organization as related to production. Under the first head we find parents transmit to their offspring, not the tumor, but the peculiar predisposition thereto, which only waits for an exciting cause to develop. This exciting cause is usually traumatic in character, so far as it is essential to make a demand for reparative effort, the draft being "over honored," and the supply exceeding the demand. Now if the organization of plasma furnished is normal, a tumour of the benign group will be furnished, the cellular elements of which are normal in every particular excepting quantity. The irritation may be slight to develop this hyper-nutrition, as the rubbing of a suspender in the production of a fatty tumor; sometimes it is a conservative process, as in the formation of bursal cysts. If the organization of the plasma is defective, we have tumors of increasing malignancy, increasing as the organization is lower. Hence in preparing microscopic slides, care must be taken not to brush the cells out of the stroma of malignant specimens, whilst in other forms the cells can be isolated only with great difficulty, if at all. From these considerations it can be seen that malignancy is not due so much to local tumor, as to the systemic derangement of which the tumor is the expression.

Drs. M'Guire, Olin, and Youngusband assisted the lecturer in demonstrating the cellular differences between some of the commoner varieties of morbid growths, by the exhibition of some microscopic specimens.

→\*MEDICAL+MEMORANDA\*←

**COMMENCEMENT OF THE CLEVELAND HOMOEOPATHIC  
HOSPITAL COLLEGE.**

The Hahnemann society of the college held its annual exercises March 7th, consisting of a salutatory address by F. W. Burlingame, Esq.; the annual address by Rev. Geo. Thomas Dowling; the valedictory by J. E. Harner, and the presentation of the diplomas by the president, Prof. W. A. Phillips; all of which was enlivened by music. Forty-two of the members of the graduating class each received the society diploma.

The commencement exercises of the college occurred on the succeeding evening (8th) and were attended by a large and attentive audience.

The class valedictory was delivered by U. H. Squires. In the absence of the president, the conferring of the degrees devolved on Mr. W. H. Price, a member of the board of trustees, who gracefully discharged the duty in a few scholarly well-chosen remarks.

The report of the dean, Prof. N. Schneider, followed, which showed, that 131 students had been admitted to matriculation during the term; that a large proportion of the class are in the three years' course; and that the general standing in literary and medical attainments has never been so high as during the session just closed. The registrar's report shows that 31 of the graduates have a general average in all the branches of 96.6, while the average of the whole number of graduates is 89.4. This high percentage in view of the character of the examinations, which were more rigid than ever before, fully demonstrates the wisdom of adopting a preliminary examination in English scholarship before admitting to matriculation, as well as the importance of a three years' course.

Prof. B. F. Gamber presented a thoughtful valedictory on behalf of the faculty.

The presentation of the several prizes was the occasion of several very happy surprises. The Diploma of Honor, presented to the student having the highest general average in all the branches, was won by Uriel H. Squires, A.B., who gained a percentage of 984.9 in a possible 1000. The first clinical prize, \$20, was won by J. E. Horner, an undergraduate. The second clinical prize, \$10, was taken by F. Lenzgenhager, also an undergraduate.

The Sanders prize, a set of obstetric instruments, was captured by Thos. T. Church. The latter also gained the appointment of House physician to the Huron Street hospital, having obtained the highest percentage of any of the candidates for the position, in the examination conducted by the board of censors.

The Jones prize, \$25, was presented to W. L. Athon for the highest standing in theory and practice.

Professor Biggar gave a special prize of \$25, for the best report of five operative cases occurring in his clinic. This was awarded to H. D. Champlain, A.B.

After the exercises the class and alumni repaired to the Forest City house, and enjoyed a round of festivities.

The following list includes the names of the graduates:

Albertson, C. S.	Davis, S. R.	Knight, F. B.	Sellew, S. W.
Athon, W. L.	Emory, W. J. H.	Loomis, T. R.	Severance, B. W.
Baker, W. B.	Erwin, A. M.	Mannahan, M. W.	Smith, Geo. H.
Boice, Emma L.	Glessner, L. M.	Mathers, J. S.	Smith, Ernest B.
Brown, L. H. A.	Harner, J. E.	Moffit, M. M.	Squires, U. H.
Brooks, A. A.	Harlan, W. H.	Muhleman, C. T.	Taylor, T. H.
Brown, C. A.	Heath, L. R.	Newton, W. E.	Thompson, L. V.
Burlingame, F. W.	House, C. E.	Payne, C. V.	Thorpe, S. L.
Carroll, C. W.	Hudson, T. R.	Painter, C. D.	Tracey, Alice M.
Champlin, H. D.	Jackson, J. V.	Pendleton, Minnie J.	Wilmot, E. P.
Church, T. T.	Kelly, J. W.	Pratt, T. D.	Wunderlich, E. J.
Croft, W. B.	Krill, F. A.	Quezada, G. C.	Zwendsen, C.
Davison, Mrs. R. J.	Kramer, H. T.	Richmond, H. W.	Zwetsch, J. D.

**EDITOR'S TABLE.**

Dr. A. McNeil has removed from New Albany to Jeffersville, Ind.

Our friend of the *St. Louis Clinical Review* is outdoing himself. The report of a

banquet given to the alumni, etc., of the St. Louis Homœopathic College contains the following: "The toilets worn by the ladies were very handsome, Mrs. Pearman appeared in an elegant Parisian dress of black satin merveilleux combined with black striped plush." Did you ever!

Dr. Geo. L. Adams has removed from Maynard to Worcester, Mass.

Dr. Samuel Lilienthal and his brother, the Rev. Max Lilienthal, are going to Europe at an early date.

Dr. A. Gessler has disposed of his practice at Saranac, Mich., to Dr. C. C. Huff (University of Michigan, class 1881).

The firm of Drs. Kimmell and Casseday, Kansas City, Mo., has been dissolved by mutual consent. Both gentlemen remain at Kansas City.

Dr. Phil. Porter has returned from Europe and opened an office at corner of Lafayette Ave. and Cross street, Detroit, Mich.

"I am glad to know that the COUNSELOR is determined to rigorously defend homœopathy from all assaults from every quarter."—Dr. R. A. Adams, Rochester, N. Y.

The next annual session of the Nebraska State Homœopathic Medical Society will be held in Lincoln, Neb., on Wednesday and Thursday, May 24, and 25, 1882. For particulars address, Dr. C. M. Dinsmore, Omaha, Neb., secretary.

Report of the New York Ophthalmic Hospital for the month ending Feb. 28, 1882: Number of prescriptions, 4,228; new patients, 651; patients resident in the hospital, 26; average daily attendance, 184; largest daily attendance, 254.

CHAS. DEADY, Resident Surgeon.

"Do not think for a moment that I think the COUNSELOR dear at \$2, or even \$3. I do not see how you can publish *so good a weekly at so low a figure*, for I must say, of all my journals, of all schools, and I take quite a number, yours is incomparably, *to me*, the best. I could, but need not give reasons, and hope your success in the future may equal the past, with the COUNSELOR."—Dr. H. C. Jones, Mt Vernon, N. Y.

Died.—Dr. Thomas Moore, of Germantown, Pa., died suddenly on March 26th (?), at the bedside of a patient to whom he was administering. Dr. Moore, twenty years ago, was professor of anatomy in the Pennsylvania Homœopathic college. He was a most estimable man, a man of sterling integrity. The manner of his death recalls the similiar "passing away," but last August, of Dr. Coates Preston, who died in his office while prescribing for patients.

Clark's New System of Electrical Medication. By A. W. Tipton, M. D. Price, in cloth, \$3.00; library, \$4.00. In point of binding, paper, print, and general make-up, this is one of the finest books I have ever seen. It is a beautiful book. It contains two hundred and fifty pages of reading matter, of the most interesting and practical character. The subject of electrical medication is presented in a different manner from that to be found anywhere else. And no matter how many works we may have upon the subject of electricity, we need this also. It does not teach us so much about the caring for and handling of batteries, but it shows how diseases are controlled and cured with electricity. And the author does not depend upon electricity alone in the treatment of disease. Throughout the entire work, the electrical treatment of each disease is carefully detailed, then the medical treatment is given; and that regarded as the most appropriate to aid in the cure is recommended, let it be allopathic, homœopathic or eclectic. In this book we have a practice of medicine characterized by variety—electricity, and all therapeutic agents employed by all branches of the profession. While we may not be able to endorse all the author's views, we do know that he makes many practical suggestions and that his medical treatment recommended is exceedingly simple and practical. The book is unlike anything of the kind, and cannot fail to interest any reader.—*Am. Med. Journal.*

Faradization is the principle current used by Dr. Tipton, and Kidder's ten-current tip-battery is the machine recommended. Address the author, or we will furnish the book, and shall be pleased to fill all orders received. (See adv. page 10.)

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 6a Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.

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## →: MEDICINE :←

### VACCINATION—THE "ANTI" SIDE.

P. B. HOYT, M.D., NORWALK, OHIO,  
I.

The subject of vaccination is now occupying the attention of a large proportion of the profession and of the general public; and there have been published lengthy and eloquent articles in favor of the practice. We believe, honestly and sincerely, that great evil is resulting from the practice, and will try and set before your readers the "anti" side of this important question. Not that we wish to appear singular, or desire to oppose a large part of the profession and of the public, for the sake of exciting idle dispute, but we are sure if the profession and the world at large better understood what vaccination really consists of, and knew the character of the virus used, they would be less anxious to introduce the poison into the circulation of the confiding patient. It is by no means certain that vaccination affords one particle of protection against small-pox; but it has been ascertained that by vaccination dangerous diseases are often introduced into the body, and latent diseases are frequently excited into action.

Alexander Von Humbolt, writing to Mr. Gibbs, President of the Anti-Vaccine League of London, says: "I have clearly perceived the progressive dangerous influence of vaccination in France, England and Germany." Such words, from such a man, demand careful attention. He was too painstakingly accurate in noting his observations, to utter a statement of this character without having first weighed the facts with scrupulous fidelity.

page 17, vol. vii., 1882.

Professor Bock, of Leipsic, says: "I have, in forty years practice, seen far more evil than good from vaccination."

Professor Kranickfield, of Berlin, is more emphatic, "I too, have vaccinated my fourteen children at a time when I did not know how injurious it was. *To-day I would resist the authorities and the police laws.*"

Professor Emerson declares, "A more infernal mystification the world has never experienced since its existence. The belief in witches can only be compared to it."

In 1855, Dr. Simon, an adversary of compulsory vaccination, was commissioned by the British Parliament to secure an expression from the highest medical authority of England. He addressed 539 physicians, whom he supposed were supporters of the practice. Of these 235 answered simply in the affirmative or negative, giving no reason for their opinion; 72 only allowed the genuine Jennerian vesicle; 16 approved unconditionally, and 216 objected, pleading as follows:

1. It directly endangers life.
2. It nurses and develops latent diseases.
3. Children frequently do not thrive so well after, as before vaccination, especially during teething, change of teeth and puberty.
4. It introduces new diseases into the body of the patient.

In the London hospital, in 1838, there were 510 cases of small-pox. Of these, 392 were not vaccinated and 157 died; 118 were vaccinated and 25 died. Certainly vaccination did not perfectly protect these 118, and of those cases termed abnormal small-pox, viz., confluent modified, semi-confluent modified, and vericelloid, there were four cases *unvaccinated and no deaths*; 180 cases *were vaccinated and 6 deaths*. Who enjoyed the protection here? Also in 1880, there were 950 cases of small-pox, 325 had been vaccinated. Was their vaccination a perfect protection, as has been so strenuously claimed by the advocates of vaccination? Far from it.

While all these facts are worthy of attention, and should be carefully investigated, the last one is of special importance, and should demand our most careful attention. How can vaccination introduce other diseases into the system?

First of all, we insist, without hesitation, and in a most unqualified manner, that *any* diseasing of an individual, is a violation of the integrity of the body, and renders it liable, as it was not before, to contract other diseases.

It is an established principle in surgery, that to introduce *pus* or *morbid* organic matter into the system is a very dangerous experiment; and it is because of the introduction of *pus* into the system by vaccination, that it has been followed in many instances by swelling in the arm pits, ulceration, and other serious consequences. We say then, that it is plainly unphilosophical to infect a person with a disease, and by so doing imperil his life and health, as a safeguard against another complaint which he stands many chances of escaping. This seems like inflicting a sure injury in order to secure immunity from some peril which *may* be avoided altogether. Certainly, if a person can pass through life without contracting small-pox, it seems clear that such a person ought not to be vaccinated. The effect of introducing into the circulation *pus* or morbid organic substances was not well understood until Virchow explained the process of *capillary embolism*. This is based upon the fact that any substance of a solid character, whether a particle of metal, a clot of fibrin, or a dead or diseased cell or corpuscle, will be caught in the finer capillary vessels of the body and obstruct them. "It has been discovered by experimental investigation, that the injection of morbid liquids disturb the blood very much; but does not cause direct embolism, but rather ulcerous discharges from the mucous membrane of the intestines. These two facts have been confirmed by other experiments and cannot reasonably be questioned."

Villemin and Waldenburg inoculated animals with *pus*, sputum, and a great variety of substances, such as cottonwood, or things not at all infected. All these caused the death of the smaller, and the severe illness of the larger animals; and those which recovered were injured beyond repair.

*These experiments show that it is a scientific law that the introduction under the skin of substances which create or cause ulcerous disorganization, is harmful and dangerous under all circumstances.*

That vaccine virus when introduced into the system often produces septicæmia (and in a certain degree always does) and erysipelas, will appear reasonable at first sight. It produces inflammation on the body of the cow and suppuration of the sexual organs. Dr. Nittinger, of Stuttgart, makes this startling assertion. "The membranes, particularly those of the organs of the senses and of generation in adults attest, the sufferings and dangers originating in the

inoculated kine-pox poison, ophthalmia, otorrhœa, fluor alb, prurigo, etc.”

A request was made of Dr. Nittenger, by authority of the British Parliament, to present his views and observations, upon this subject. He made a statement of great length, severely impeaching the practice. He deduces the following :

1. “An immense degree of sickly sensitiveness of the stomach and intestinal canal, accompanied by open and hidden disturbancies in the whole digestive apparatus, viz., diarrhœa, dyspepsia, phthisis dyspeptica, liver and spleen sufferings, never known before.”

2. “An entirely new disease (*since* 1806) which domesticates itself every year more firmly—the TYPHUS which is a mucous fever, with ulcerations and pox-eruptions in the abdominal viscera.”

3. “The daily more frequent occurrence of a new children-disease, which Miller observed and presented (1755) as the first fruit of inoculation in England, viz., *Asthma Millar*.”

4. “The unfortunate children have gained, or rather regained, in an immensely more malignant form (*since* 1806) the long-before forgotten inflammation of the wind-pipe, CROUP. As formerly in England, nature revolted (1738) against inoculation of human small-pox matter, and tried valiantly to remove the poison by means of *catarrhal gangrenous angina* in the throat—as children for nearly forty years suffered the tortures of horrible strangulation difficulties—so there appears now here and everywhere where vaccination is introduced, the croup, somewhat milder, because the kine-pox is somewhat milder, and tortures, frightens, sickens, and kills the innocent victims.”

5. “Whooping-cough has gained immensely in severity and extent.”

6. “The human family, in general, has acquired a monstrous increase in CONSUMPTION and in HECTIC DISEASES, which mostly originate in the digestive apparatus, phthisis dyspeptica and dyspeptic consumption.”

7. “An entirely new disease, SOFTENING OF THE STOMACH, has been added since 1811-13, to our immensely large catalogue of destructive diseases.”

8. “Our young women have gained since 1822, a generality of *chlorosis* and fluor albus, of which we did not dream before.”

9. “The whole human family have been enriched by the acqui-

sition of the Bengalian poison-snake—*hydraophis*—the tropical wild-pox poison, the CHOLERA, which has now established itself among us thoroughly and habitually.”

10. “Our generation has, besides this, gained a far greater susceptibility to the small-pox poison, which will ravage in the above mentioned diseased forms of the mucous membranes, till the feeding of the poison by vaccination, ordered even by laws, sanctioned by the usage and held up by the faculty, is forbidden by severe penalty.”

“Some of these assertions may appear to be exaggerated. But they are fully sustained by experience and long and careful observation. It is indeed a fearful truth that vaccination is not only a means for diffusing the foulest diseases that human nature now suffers under, but is also itself the source of others which had not been known before. So true is this, that if it afforded any considerable or even a total exemption from small-pox attacks, the vaccinated were still driving a hard bargain.” But there is no such protection. We cannot see how there could be. There is no analogy of type or character in disease so as to make the contracting of one disease or pest a safeguard against another. If any exemption is enjoyed, it would be just as complete if no such thing had been done.

Nor does the contracting and development of small-pox itself, prevent its secondary or ternary attack. Dr. George B. Wood, says, “It cannot be denied that fatal cases of secondary small-pox now and then appear.”

Sir Thomas Watson, one of the highest medical authorities, says, “You must recollect that *small-pox* is not a universal and absolute assurance against its own return.”

During an epidemic in Scotland Dr. John Thompson saw from June, 1818, to December, 1819, 556 cases. Of these 41 took the small-pox the second time, and he knew of 30 cases more, making 71.

Sir James V. Simpson, mentions a case, a woman, who died from the EIGHTH attack of real small-pox.

In the London Small-pox hospital in 1867, three cases occurred after a previous attack of small-pox; two cases after both vaccination and small-pox had been had, and four cases after inoculation.

Dr. Gregory, of England, and other vaccinators, believed that it made the mucous membrane the permanent seat of an animal poison.

Now, if having the small-pox itself does not surely exempt from



the recurrence of the disease, what confidence can be placed in vaccination? None surely.

Dr. Epps, for twenty-five years director of the Jenner Institute, after vaccinating 120,000 persons, uses this significant language, "The vaccine virus is neither antidote nor corrigent (*i. e.* modifying) nor does it neutralize the small-pox. *No body has the right to transplant such a mischievous poison, compulsory, into the life of a child.*"

Dr. Collins, of Edinboro, says, "I have not the least confidence in vaccination. It often transfers dangerous diseases from one to another, without offering any protection whatever against small-pox."

These noble men, and scientific physicians, with scores of others, (Dr. Stowell says, "I myself know the names of a hundred physicians who think like me,") after years of careful observation, have given us their candid conclusions, and they are certainly of great weight, and demand of us a most serious consideration. Men are too often like a flock of sheep: they follow a leader; they do not stop to consider what consequences will follow, nor to enquire: Are these things reasonable, and founded on a truly scientific basis?

Again, it has been urged that if vaccination were thoroughly and universally practiced, small-pox would soon lose its malignancy and become extinct. There was a time in the history of the world when small-pox did not exist. Whence then did it come, and will not the same causes produce the same results, *viz.*, spontaneous small-pox? That small-pox did originate spontaneously is certain, and that small-pox does now rise in this manner is quite evident. Florence Nightingale is very certain she witnessed a spontaneous outbreak of the disease. In the narrative of her experience and observations during the Crimean war of 1854-5, she declares, "I have seen with my eyes, and smelt with my nose, small-pox growing up in first specimens, either in close rooms or in overcrowded wards, where it could not by any possibility have been caught, but must have begun."

Dr. Carl Roth, of New York, in a little monograph published several years ago, gives an account of the spontaneous occurrence of this malady on the high seas: "A vessel left port, having on board twenty-two sailors and one passenger. The fare consisted of pickled meats, starch, flour and potatoes. After having been three months out, two of the sailors were taken sick with small-pox." The commander, giving this account to Dr. Roth, stated that his own sister

had twice had malignant small-pox, which convinced him that vaccination could not be relied upon, since one attack of the disease itself could not prevent its recurrence. He also remarked that he had never known or heard of small-pox and scurvy being found together on the same ship." The vessel on which the spontaneous outbreak took place, was stocked with provisions cured with saltpetre, as a safeguard against scurvy. No salt was eaten at all.

It would seem from this that the two disorders arise from widely different conditions of the animal economy. It is well known to physiologists that saline solutions pass through the membranes with great facility, whereas those of gum, dextrine, gelatine and albuminous substances, do so with great difficulty, or not at all. Scurvy is a disorder in which there is a superabundance of salt in the blood, and hence it becomes so thin and poor that it will not coagulate, or nourish the body, but will make its way through the blood-vessels. When fevers have reduced the albumen in the blood, like phenomena are witnessed.

Dr. Roth deduced from these facts, the hypothesis that small-pox originated spontaneously on the ship in question, because the disease of salt and excess of saltpetre in the pickled meat produced a superabundance of nitrogenous or albuminous material in the blood. This constituted the predisposition to variola.

The accumulation of albuminous matter rendered the blood too thick to answer its purposes. In case of some unusual excitement, the action of the heart becomes accelerated. This compels the parting with a part of the albumen, in order to have it flow with sufficient rapidity. It is thrown into the lungs, the result is a pneumonia or some kindred disorder. There may be an extraordinary nervous irritation causing a spasmodic contraction of the peripheric portion of the nerves which govern the circulation. The result is a stagnation of blood at the skin and in the capillary vessels. It becomes more or less putrid, and produces septicæmia or blood poisoning. The form which the disorder takes is due to epidemic and other conditions. It is frequently exanthematous, because ulcers exhaust the albumen, and hence are a very certain method of relief. The epidemic may be small-pox, typhus, scarlatina, diphtheria, dysentery, or something else. The morbid cause is excess of colloid or albuminous elements in the body, which have become fermentative and putrescent." These few words on pathology may enable us to see

how small-pox can arise spontaneously, and it will make no difference how much, or how often we vaccinate, the same conditions will reproduce small-pox as at the first. It is as easy for small-pox to be reproduced spontaneously, as scarlet-fever, measles, or any other eruptive disease, or as it was when the first case occurred. Why then subject the patient to dangerous consequences by vaccination? Why violate the plainest principles of surgery?

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### DIGESTION AND SLEEP.

F. F. CASSEDAY, M.D., KANSAS CITY, MO.

In this hurrying, bustling age when men and women sacrifice souls and bodies in their wild pursuit of wealth, position and fame, the question of physical endurance is an all-important factor in determining final success or failure in life-work. How to cultivate endurance, how to sustain physical energy and vital force, and how to prevent undue wear and tear of the vital power both of mind and body are questions which the profession will be called upon to answer in the near future. The most casual observer cannot fail to note the tendencies of the times. Worry, close confinement, illy ventilated apartments, and lack of sleep are undermining the health and sapping the strength of the active workers of to-day. Twenty years ago a man fifty, yes! sixty, years of age was considered at his best, he was capable of doing hard work and could bear the strain of sustained physical and mental exertion; to-day the young men are coming to the front, they are taking up the burdens which the older, *but not old men*, are compelled to lay down. This is not a desirable state of affairs, but it is a necessary evil brought about by the high pressure principle upon which we all think and act. No time to improve the mind, no time to get acquainted with your family, no time to rest brain, muscle or stomach, no time to accumulate reserve power; but on the contrary a continued drain upon vitality without a corresponding supply of the elements which produce it. Instead of assisting nature in her efforts to maintain life and to provide for the natural waste of tissue, there is in many cases an incessant drain upon the system, and consequent decay of power and premature death.

This high-pressure principle is aptly illustrated by Matthews in comparing the English and American people. The English signal for starting the steamboat, cars, or coach, is "all right," while the

American signal is "go ahead." It is this "go ahead" spirit which induces your ideal American to jump off the cars before they have come to a standstill, to take the fastest train and the shortest route, to be in fact, always in a hurry and never at rest.

Many writers ascribe the great increase of nervous disease and physical exhaustion, at the present time, to overwork and worry. It is undoubtedly true that these are important elements in their production, but to my mind they are by no means the most important or most constant causes. It is not so much overwork and night-work which kills, but it is lack of rest and lack of sleep, and irregular hours for eating and sleeping, which is playing such havoc with the health of American manhood and womanhood. It is not the hard work and long working hours, which gives the heritage of a crazy stomach and the consequent melancholy disposition to so many men.

The stomach is the great preparation room in which the elements necessary to sustain life are prepared, and through which they enter the circulation, and are carried to all parts of the body, to sustain life, to promote growth, energy and vital power, to store up reserve force against a time of need, and to supply the material to take the place of the natural waste of tissue. Within every human system there is in progress a constant struggle between the forces of life and death for supremacy. It is not strange that we die, but it is almost a miracle that we live, breathe, and have our being. Man is indeed fearfully and wonderfully made! What master-mind has solved the mystery of life, or given us a satisfactory explanation of the fact of our existence.

The forces of life are wasted by physical and mental labor, by the use of drugs and articles of food, which increase tissue change, by natural growth, by improper, or lack of proper, nourishment, by unhealthy surroundings, and by habits of life which do not permit the organs to properly perform their functions. To the last named of these causes I would call especial attention.

The essentials of normal digestion are: that the food should be of a proper kind and well cooked, that it be well masticated and mixed with saliva, that sufficient time be given to the meal, and to the process of digestion after the food has reached the stomach. As soon as the process begins there is an increased flow of blood to the stomach and intestines, and a corresponding anæmia of the brain

and other organs. Anything which interferes or stops this flow of blood or produces activity in other organs of the body, in so far interferes with and interrupts the stomach in its work of digestion. Experiments upon Alexis St. Martin prove conclusively that apparently slight causes will diminish, and in some cases entirely, suspend the supply of gastric fluids. The state of mind has a prime influence upon the gastric secretions, witness the effect produced by fear, anger, anxiety, vexation or other moral causes. It is a fact patent to every mind, that cheerfulness, a bright and happy frame of mind, previous to and during a meal, are wonderfully conducive to good digestion. So too, physical or mental exertion during digestion retards and hinders the process. The effect of mental and physical disturbance seems to require a qualification as regards tissue. Any nervous shock or mental excitement occurring at the beginning of digestion seems to produce a more lasting effect upon the process than when the process is well under way. Physical disturbances seem to affect the digestive act only during the continuance of the physical exertion. When the stomach is performing its work there is always a pleasant feeling of drowsiness, or agreeable languor steals over the senses, and takes possession of the mind, unless an effort is made by physical or mental exertion to throw off its influence. Is not this condition of the brain akin to that which holds during sleep, and differing from it only in degree? Nature seems to be calling out for rest and a fair division of labor, but, alas! in too many instances she is unable to obtain it.

In the matter of sleep we are all, and especially students, great sinners. Late hours, little outdoor exercise, and cerebral excitement up to the moment of retiring, banishes sleep for hours and may be for the night. So too, in all highly wrought, sensitive, nervous organizations any kind of excitement is sufficient to cause insomnia.

Just how much sleep a person requires depends in great measure upon the health, and habits of life of the individual. But be it much or little, and we certainly err in most cases upon the wrong side of the scale in taking too little, there should be regular hours for sleep and they should be rigidly adhered to. Insomnia in many cases is caused by mental labor just before retiring. This can be obviated by suspending all brain work, taking some exercise or enjoying a chat with a friend before going to bed. A light lunch

is often wonderfully effective in bringing repose and rest. It is a popular fallacy that eating before sleeping is a very bad practice, and productive of much harm; but I am thoroughly persuaded that it is one of the most potent, and pleasant, methods we possess of relieving insomnia. Does a babe slumber the sweetest on an empty or full stomach? Is it not reasonable to suppose that by drawing some blood to the stomach from the excited and hyperæmic brain you are accomplishing the very thing required to induce healthful and refreshing sleep, or as Mr. Swivelar calls it "a wink or two of the balmy."

Let us try to rest our human machines occasionally, ever remembering that if the candle of our life is burned at both ends it will be consumed much faster than is necessary or expedient. If we will only give our poor abused stomachs a chance to do their work our minds will be elevated, and our homes happier. Men's senses are often befogged and their judgements warped by a crazy stomach. As Scrooge remarked to the ghost, who asked him why he doubted the evidence of his senses, "because a little thing affects them. A slight disorder of the stomach makes them cheats. You may be an undigested bit of beef, a blot of mustard, a crumb of cheese, a fragment of an underdone potato. There is more of gravy than of grave about you whatever you are."

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### •\*HISTOLOGICAL\*•

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#### HISTORICAL REFLECTIONS.

AD. LIPPE, M.D., PHILADELPHIA, PA.

Some forty years ago the peace of "The Regular" was disturbed by a set of men originating their new medical creed in the State of New York and were rapidly spreading themselves over the whole Country, first Herb doctors later Thompsonians. It was a declaration by this new medical sect of Lobelia vs: Calomel. Calomel-poisoning then the order of the day and a relentless and bitter persecution of the Thomsonians secured to the latter a growingly large patronage by the people. The Regulars became alarmed and it was finally resolved by the New York Medical State Society to bestow upon the formerly persecuted medical sect, the Thomsonians, that full freedom of Medical opinion and action which would ensure the return of the people, so long alienated, to the "Regulars."

As soon as "*persecution*" gave place to an assumed liberality the Thomsonian had to give it up—what were they to do? their exclusive system of Vegetable practice was quelched, they had slyly transgressed and were charged with having had at times given Mercury as well as other metals; all this, as well as an excess of Liberty had had its legitimate effects and what was left of the former rivals of the Regulars, the Thompsonians who found "their occupation gone," was merged into the ranks of the Eclectics. In turn these liberal physicians were allowed to enjoy full liberty to show their true inwardness, they were allowed to open their own colleges and very soon were charged with gross irregularities; it was then that those among them who had foresight enough sought shelter in the Homœopathic Societies professing to embrace fully the teachings of the founder of the growing School of Medicine, growing into favors rapidly through the hard labors of its ever consistent early pioneers. As eclecticism gradually fell into disgrace the number of Eclectics seeking admission into the homœopathic ranks rapidly increased and they were allowed full liberty to join that school, the leading men in it believed that by good example and incessant teachings the newcomers would gradually become earnest believers in the homœopathic doctrines and practice accordingly. In 1876 the American Institute of Homœopathy held a World's convention while the people celebrated the centennial declaration of Independence in the City of Philadelphia, even then everything looked very serene on the Surface. The first public declaration uttered by the Eclectics who had enjoyed the hospitality and the apparent support of the Homœopathic Healing-Art was to be found in the Historical (2d.) volume of the Transactions of the World's Homœopathic Convention Page 801 where the Historian palmed off as one of the homœopathic Colleges and Eclectic School, called the Penn Medical University. In the first vol. of these Transactions in the Address delivered by the President of the Convention Page 40 we are credited with nine colleges, exclusively homœopathic and two State Universities. The American Institute did not enter its protest against this new discovery made between 1876 and the publication of said volume I. in 1880. In 1881 a leading homœopathic Journal, The New York *Homœopathic Medical Times* finished its progressive work in advocating the Superiority of Eclecticism over Homœopathy by taking from its title Page the word Homœopathic and continued to misrepresent history and

the true status of our School, claiming to represent a large majority and that Homœopathy as taught by its founder and till this day very successfully practiced by a large number of honest Physicians was to be counted among the "lost arts"; encouraged by these and other unsuccessful attempts to bring odium on the true Homœopaths the individual practitioners and public teachers ceased to teach and practice as did the founder of the School and his disciples, for want of better knowledge palliative treatment such as the Allopathists use was substituted, the Law of the Similers was declared to be no Law at all, but a good rule at times, in short they fell into ordinary Eclecticism, into heroic treatment and were exposed by both the Allopathists and Homœopaths. The Allopathic New York State Society found itself confronted in 1882 by a set of men who in their State attempted to practice Eclecticism under the name of Homœopathy, their practice did not differ much from that of their own School, but in "NAME." The time had now come when this Allopathic State Society could think of nothing better than the application of a remedy so unsuccessfully applied for the cure of Thomsonianism but forty years ago. Assuming a very liberal position a resolution passed that Society making it legitimate for their members to consult with Physicians holding Diplomas from other Schools than theirs. The same liberal proposition was made afterwards in Detroit (Mich.). Dr. Klein states that the Homœopaths sail under false colors and more honest than prudent Dr. Lyster consents because the Homœopaths have surrendered their dogma and retain its name only for expediency—he could consult with them only for *expediency*! True to their colors our liberality professing Allopathic friends base their therapeutics upon a fallacious diagnosis of the case to be cured! By quelching out dishonest Eclecticism sailing under false colors the true Healing-Art promulgated by Hahnemann and this day practiced by a goodly number of honest and consistent physicians will not be affected by this sudden outburst of apparent liberality! *Quære verum.*

## ✠SURGERY✠

### SURGICAL CASES.

R. A. MILLER, M.D., MT. PLEASANT, KAN.

*Case 1.*—About eight weeks ago I was called to see a lad about 17 years of age, who was badly hurt from being caught between the



machinery of a threshing machine. On examination I found the upper and lower third of the tibia fractured; the fibule was dislocated at the knee, the internal malleolus was crushed, together with some of the tarsal and metatarsal bones of the foot; there existed also extensive laceration of the integument of the limb. I was freely censured by several physicians for not amputating the limb at once, a procedure which I refused to adopt without making a determined effort to save so disastrous an out-come of the case. I adjusted the bones to the best of my knowledge; removed such fragments as I thought necessary, and applied a starch-roller bandage to the limb, with extension and counter-extension to the foot, by weights. Carbolic acid dressings were used from the beginning to the close, these kept down all tendency to gangrene. The patient got along smoothly, in fact splendidly. In ten weeks he was able to walk on the limb; had pretty free motion in the ankle, and there was only about three-eighths of an inch shortening of the limb.

*Case 2.*—On the evening of the 3d of February I was hastily called to see a German lady about 30 years of age, (mother of three children) by a messenger who stated that the woman had fallen into a well and was badly hurt, perhaps killed. On my way there (a distance of three miles) I learned the patient had gone down to the well near the house, for the purpose of carrying some water to a laborer who was engaged at work within the well; in handing down the water, she caught hold of the brace which supported one of the upright pieces on the side of the well, which easily gave way and precipitated her head foremost, a distance of thirteen feet upon a solid bench of rock. On my arrival, within perhaps one hour from the time of the accident, she had been carried to the house, placed in bed in an unconscious state, apparently lifeless. She had at different intervals vomited blood, to the amount of two or three pints. Blood, in a small quantity, was escaping from the nose, mouth and right ear. The hair of the head seemed to be a perfect mass of clotted blood. After washing away the blood and removing the hair, I found a scalp wound across the base of the cranium of five inches in length, and a transverse fracture of the occipital bone; with some slight depression. She was lying perfectly motionless, cold and exceedingly pale. Pulse small and slow, but regular. Insensibility almost complete, would answer no questions, but now and then would speak a few incoherent words in German. In sewing up the rent in the scalp, she seemed

to be conscious of but little or no pain. Pupils of the eye were insensible to light, sometimes contracted, and sometimes dilated. Respiration stertorous, slow and laborious; muscles relaxed and powerless. After removing the clothing and examining the body, I found the left shoulder considerably bruised, with a fracture of the scapula and a severe bruise on the left hip. After closing the wounds and adjusting the bones; a dilution of Arnica was applied to the head by compresses, and I ordered the cautious use of light stimulants, warm frictions to the extremities, and awaited reaction; reaction took place in about twelve hours, and was controlled with Aconite and Belladonna. Considerable delirium attended the height of reaction. Typhoid symptoms, paralysis, and a comatose condition of the system were present during the first few days. Gave Aconite and Gelseminum internally, and kept up the local applications of Arnica to the head by compress which secured considerable rest to the patient.

Prognosis was unfavorable from the first on account of the location of the fracture at the base of the cranium, laceration of the membranes; the internal hæmorrhage; escape of blood from the ear, nose and mouth; laborious respiration; full, slow pulse; loss of consciousness; paralysis; relaxed muscles; dilated pupils and the disposition to coma; all of them indicating compression of the brain, producing blood-clot, or the result of extravasated blood. The discharge from the ear and nose, grew less each day, and in a short time disappeared altogether. On the fourth day the patient was aroused to semi-consciousness, and spoke to me in German, saying, "*Ich nerde keine medicin, Ich kann nicht leben,*" (I shall take no medicine, I cannot live); notwithstanding she had always spoken good English previously. Her bowels, up to the present, had been stubborn and unyielding, with but little disposition to move. On the evening of the fifth day, at about 11 o'clock in the night, I was hastily recalled, by a messenger who stated that the patient was having convulsions, and thought she could only live a few moments. On arrival I gave her a few doses of Hyoscyamus, which seemed to control the trouble. I learned that her bowels had moved once or twice just before the convulsions came on, and I attributed the cause, in part, to the reaction and the removal of some hard fecal matter; she had no more convulsions, rested moderately well until the next day, when she complained of pain in her limbs, heaviness and aching of the head.

Pain and nausea at the stomach, worse on motion. Gave Bryonia alb.<sup>s</sup>, every four hours, for several days. On the ninth day she complained of severe headache, ringing in the right ear, aching of the limbs, and intense pain in the lower part of the spinal cord, in the region of the sacrum. Gave Pulsatilla<sup>s</sup>, every six hours. Patient continued to convalesce rapidly; in three weeks she was able to sit up and walk across the room; mind moderately clear. Since then she has recovered.

### →\*SOCIETY+NOTES\*←

#### HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

The Eighteenth annual session of the Homœopathic Medical Society of Ohio will be held in the city of Springfield, May 9th and 10th. An interesting and large meeting is anticipated. For particulars address the secretary, Dr. H. E. Beebe, Sidney, Ohio.

#### THE HOMŒOPATHIC MEDICAL ASSOCIATION OF WESTERN PENNSYLVANIA.

This society held its Second semi-annual meeting in Butler, Pa., March 1, 1882. Ably prepared papers on Promotion of the Science of Cure, Puerperal Convulsions, and Temperature in Health and Disease, etc., were read. These in connection with discussions on various other topics furnished a basis for a very interesting meeting. The object of the association is the promotion of homœopathy in our part of the state, acting in harmony with the state society. Next meeting will be held in Great Belt, Pa., Aug. 2, 1882. W. W. Wolff, secretary, Freeport, Pa.

#### AMERICAN PÆDOLOGICAL SOCIETY.

The next annual meeting of this flourishing society will be held at Indianapolis, in June, during the session of the American Institute. The topics for discussion will be infantile eczema, capillary bronchitis, diphtheritic croup, and elementary infantile food. All members of the society, and all other physicians interested in pædology, are requested to be present and invited to contribute papers on one or more of the subjects named. Those having papers will please send the titles to the undersigned before May, 10, 1882. W. P. Armstrong, secretary., Lafayette, Ind.

### →\*MEDICAL+MEMORANDA\*←

#### EDITOR'S TABLE.

Dr. Geo. M. Ockford has removed from Burlington, Vt. to Vincennes, Ind. Boericke & Tafel have undertaken the publication of Dr. G. N. Brigham's monograph on Phthisis Pulmonalis.

Dr. W. S. Gee, ex-surgeon to Hahnemann hospital of Chicago, has located at Hyde Park, Ill., cor. Fifty-third street and Jefferson ave.

"Allow me to congratulate you on your new cover. It enhances the appearance of the COUNSELOR one hundred per cent. A better contrast could not have been made between the cover and the body of the journal."—Dr. C. H. Evans, Chicago, Ill.

"Splendid! excellent! the editorial in this week's COUNSELOR. I am losing my fears of the deterioration of homœopathic journalism. It can only happen through any literary venture. You are giving us an excellent journal and I am glad it is a weekly."—A. F. Randall, Lexington, Mich.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.  
Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.

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## →\*MEDICINE\*←

### VACCINATION—THE "ANTI" SIDE.

P. B. HOYT, M.D., NORWALK, OHIO.

#### II.

Dr. Copeland asserts in his Medical Dictionary: "That it is certain that scrofulous and tubercular diseases have increased since the introduction of cow-pox, and that the vaccine favors particularly the prevalence of various forms of scrofula."

"The hapless Mercedes, late queen of Spain, died from a disorder superinduced by vaccination."

"Dr. R. E. Kunze, 606 Third ave., sometime ago encountered a case of toxæmia. The child had been vaccinated three weeks before by the public vaccinator. Areolar inflammation ensued, terminating abruptly after nine days of suffering. Then came an eruption on the lips and about the mouth; the lips, nostrils and chin were pustulated. This yielded to treatment, but the neck and back of the head were attacked. Healing in one place was followed by breaking out in another. Eventually erysipelas supervened; the glands became suppurated, and death completed the work of the public vaccinator."—*Dr. Alexander Wilder, of New York, July, 1880.*

"A child named Florence Maud Woodly, 4 months old, was vaccinated a week ago at the public station at Plymouth, and proceeded favorably until Thursday, when the arm became inflamed, and the child expired yesterday morning."—*London Telegraph, June 18, 1881.*

"James W. Whittaker, chief engineer of the United States Navy, and for the past six months attached to the United States training ship, Minnesota, at the Brooklyn Navy Yard, was vaccinated a few

page 33, vol. vii., 1882.

weeks ago, and this resulted in an attack of erysipelas of which he died. He had been twenty-years in the naval service.”—*New York Tribune*,

“In Preungesheim, vaccination has recently been attended with melancholy consequences. In the case of twelve children the arms swelled with violent pain, large holes formed and several died.”—*Frankfort Zeitung*, July 9, 1880.

Dr. G. W. Bowen, of Ft. Wayne, Ind., Feb., 1882, says: “Permit me to say that vaccination has not done one particle of good since 1881 began, and has been the cause of six deaths since last spring. Ten, to my certain knowledge, have died of variola or varioloid after being recently vaccinated, that is after it had worked effectually (at least apparently). Many have nearly lost their arms from the effects of vaccination. All this has occurred in my field of observation.”

Dr. W. F. Collins, of London, says: “After occupying the position of public vaccinator for twenty years in one of the most populous metropolitan parishes, and having devoted twenty-five years to close study of the question, I have relinquished the practice of vaccination, with its emoluments, on the ground that while it affords no protection against small-pox, *it was the frequent cause of dangerous and fatal diseases.*”

“A son of a locksmith named Newman, living at 191 Second street, has just died of erysipelas resulting from vaccination on the 7th inst. This is the fourth death this week of which vaccination has been the primary cause. In every case the vaccine had been furnished by the sanitary commission and is affirmed to have been perfectly pure.”—*U. S. Courier*, June, 1880.

We might go on giving testimony on the evils of vaccination until columns would be filled, but we forbear. It has been stated that those who oppose vaccination are ignorant, fools, cranks, etc., etc. If the indulgence in arrogant denunciations were argument truth would have hid her face in shame long ago. But facts are not thus easily disposed of, and we are free to say, that persons who use such ungentlemanly expressions, are either ignorant of the subject or dishonest. We are not ashamed of our representatives, but are proud to find on our side many of the best educated men in medicine, surgery, and in the law.

Moncure D. Conway says, in a discourse on Toleration of Opinion: “Vaccination has been seriously challenged by men of

learning. The misgivings concerning it have not arisen from ignorance and prejudice, but from men of science and medical men. These arguments have been sufficiently strong to shake the convictions of eminent thinkers and political leaders (such as Herbert, Spencer, Prof. F. W. Newman, Dr. Gath Wilkinson, William Ewart, Gladstone, W. E. Forster, John Bright, Esq.,) in the justice of the law, and some of them in vaccination itself. The arguments which have influenced such men—leaders of large numbers of the people—cannot be met justly, except by fact and argument. To answer by mere force is tyranny.”

“It is no secret,” says Henry Pitman, an English writer, “that Mr. Jacob Bright, Sir Thomas Chambers, Mr. Leatham, and other members of Parliament, have unvaccinated children, not from any oversight or neglect, but because they hate the unnatural and dangerous operation.”

Dr. Herman, principal physician at the Imperial hospital from 1858–1864, says: “My experience of small-pox, during these six years of bedside attendance, has given me the right, or rather imposed on me the duty, of taking part in the bold and spirited onslaught on vaccination, which is being carried on in Switzerland, Germany and England, and in other countries. \* \* \* \* I am convinced that vaccination is the greatest mistake and delusion in the science of medicine! A fanciful illusion in the mind of the discoverer; a phenomenal apparition, devoid of scientific foundation and wanting in all the conditions of scientific possibility.”

In an address before the French Academy of Medicine in 1881, Dr. Jules Guerin, of Paris, says: “A large number of medical men consider vaccination and re-vaccination to be in itself one of the causes of small-pox, a crowd of newly vaccinated to be itself a dangerous center of infection, and the one hundred and fifty thousand re-vaccinations in Paris, during the siege, to be in some degree responsible for the great epidemics of 1870–71.”

Dr. Guerin does not stand alone in his opinion that vaccination increases rather than diminishes the spread of the disease. The same belief has been forcibly expressed by Dr. Charles Cameron, M.P., in a letter to the *London Times*, May 24, 1881; Dr. Charles Pigeon, Fourchambaul, France, in a letter to the French Deputies in 1881; C. T. Pearce, M.R.C.S., to the House of Commons, in 1871; Dr. William Hitchman, M.R.C.S., of Liverpool, and president of the British Medical Reform Association.

“Verde de Lisle, Ancelon, Carnot, and others, have shown by statistics that universal vaccination bodes universal deterioration of the human species; that it augments the mortality of infancy and youth; that it has doubled the deaths in military hospitals; increased the number and fatality of small-pox epidemics, and rendered its adherents specially subject to diseases of a typhoid character. *In short, the more a nation is vaccinated, the more it will suffer from each zymotic epidemic, and the more rapid will be its physical decline.*”—  
From speech by Dr. Hubert Boens, London.

With such evidence before us, from men of superior judgment, and highly educated in medicine and in the law, scientific men, who for many years have stood in a position to see the full effect of vaccination on the community, men who have been on the field of action and have seen and known whereof they affirm, who have candidly weighed every point in the argument, and who speak thus plainly and pointedly against this abominable practice, does it not become us to carefully consider what we are doing when we introduce into the blood of a child a poison, the effects of which no one can possibly foretell?

Vaccination is dying out in England, Germany, France, and in many other European countries; and before many years have passed the American people will find how utterly absurd and worthless vaccination has proved itself to be. Even in the Russian army, where all entering it were forced to be vaccinated, its evil effects are becoming manifest. Says Prof. Adolph Vogt, of Berne, “For the past fifty years all the recruits of the Russian army have been vaccinated or revaccinated on joining; and during that time 60 per cent more deaths from small-pox have occurred in the army than among the civil population of the same age, though the latter have not been universally vaccinated and only exceptionally revaccinated.” “Because no immediate injury to the health of the individual is apparent, it is not to be concluded that none exists. It may show itself at once, and it may not for years, and then the result may be so far removed from the cause that the cause may be lost sight of; but the germs of disease have been injected into the blood. Surely no one will question the latter assertion, no one will say that the virus upon the physician’s lance is *health* and not *disease*. It may even be that the disease thus implanted in the human system will not show itself at all during the life of the individual; he may escape,

only to bequeath to the next, or to a subsequent generation, an inheritance of sickness, suffering and premature death."

I turn from this picture, and call upon you, my professional brethern, in the name of God and of suffering humanity, to stop where you are, and candidly and carefully reconsider this most important subject. Open your eyes, and you will see all around you the evil effects of vaccination. We once honestly believed in vaccination; but we also saw children, and men, and women suffering indescribable agony, the result of vaccination. We knew all this could not be the result of a scientific and wholesome practice. Hence I have pretty thoroughly and carefully investigated the whole subject, and my conclusions have been feebly set forth in the preceding pages. Let us remember that "variance of opinion has ever contributed to more research, more honesty of purpose, and the use of the best means to attain the most salutary returns," and when sanitary and hygienic knowledge is more diffused, and when science, art and truth, shall form an harmonious whole; it will be then, and not till then, that disease, instead of being the rule, will be the exception. And it is our candid opinion that it is the steady gain in these principles that has lessened the ravages of small-pox, and not vaccination.

We will present one more question connected with this subject which is of more than passing interest to every enquirer, viz., *Where does vaccine virus come from, and what is it? What did Jenner use to vaccinate with?*

Sir Thomas Watson thus describes the process of obtaining vaccine virus in England. "A healthy and well nourished calf, about three months old, is *hired* from a butcher, and vaccinated in the usual way on its shaved abdomen in about sixty places. Upon the punctures thus made *vesicles* form, as from ordinary vaccination on the human body. These vesicles run their course, and the virus which they contain is ripe and fit for use about the fifth or sixth day of that course—for use, namely, from the living animal in direct vaccination, and for collection in a fluid state into tubes, or in a dry state on ivory points, for the purpose of vaccination; which is indirect. After seven days the calf is returned to the butcher, none the worse (?) for what has happened." (*Nineteenth Century, June, 1878.*) The virus thus obtained is called "*calf lymph*" and is the same that is sold on ivory points. But is it calf lymph? By no means. It is the serum of a



particular disease of the calf manifested on the skin. Lymph is a *natural fluid*, and circulates in the lymphatic vessels of all animals. It is a natural constituent of the body, and not the product of a diseased condition, and is as far from *scabs* as the east is from the west, Why try to befog the community by using wrong words, and conveying wrong impressions? *This is Bovine virus*, and is as much a result of disease, or putrefaction, as any other disease which tends to ulceration, and its introduction into the human body is extremely dangerous, as is shown by its effect, and is most strenuously condemned by scientific surgery, and by every one who has taken the trouble to carefully investigate the question.

Jenner is made a scape-goat, but Jenner did not use cow-pox virus. In Baron's "Life of Jenner," vol. i., page 125, it is written, "We know that such is the dairy-maids faith, but it is untrue; for we know dairy-maids who have had cow-pox, and afterwards had small-pox, in spite of their cow-pox." So Jenner dropped the cow-pox infatuation of the dairy-maids of Gloucestershire as worthless and untenable. Afterward he tried small-pox on his little son, and after inoculating him with small-pox, as it did not take, he thought the child was proof against small-pox.—Baron's Life of Jenner, vol. i., page 130. Still he was not satisfied. Cow-pox as cow-pox, he had dismissed as impracticable, but there was a *variety* of cow-pox which he resolved to recommend. Cows in that vicinity were milked by men as well as by women; and men would sometimes milk cows with hands foul from dressing the heels of horses afflicted with what is called *grease*; with this *grease* the dirty fellows poisoned the cows teats, and the pox which followed was pronounced by Jenner to have all the virtue against small-pox, which had been claimed by the dairy-maids. Thus he claimed two varieties of the pox. Cow-pox which had no efficacy in preventing small-pox and *horse grease cow-pox*, a sure preventive.—Jenner's Inquiry, pp. 26–27. One day, taking his nephew into a stable and showing him a horse with *greasy heels*, he said "There is the source of small-pox."—Baron's Life of Jenner, vol. i., page 135. Neither did Jenner always care to pass the virus from the horse through the cow. He used it neat, having received a supply of *horse grease* from a pupil, he thanked him for it as "*the true and GENUINE life preserving fluid*."—Ibid, vol. ii., page 227.

How strikingly is the old proverb illustrated in Jenner's conduct. "Great men are not always wise."—Job, 32: 9.

The audacity, whether of ignorance or craft, with which cow-pox is recommended is almost incredible. For example, Dr. Cameron at the Social Science Congress, in Dublin, said, "that in *cow-pox* they could once more possess the means wherewith Jenner wrought his wonders, and that Jenner's wonders they might confidently expect to repeat."

The answer is plain: Whatever wonders Jenner wrought, *it was not with cow-pox*. He knew that cow-pox is of no avail; so he resorted to *horse-grease* and to *horse-grease cow-pox*. What consummate foolery! But Jenner, in his after-life learned better, and discarded the whole thing, admitting that vaccination is a farce. But the production of *calf virus*, has come to be a most profitable investment, and all sorts of arguments are made to keep the public mind prejudiced in favor of vaccination. And then so long as this infatuation can be kept up, it is a source of great gain to the physicians who practice it. "Touch a man's pocketbook, and he will fight," is an old proverb, only too applicable in many cases. No matter how much misery may follow vaccination, some men will adhere to it for the sake of the money they receive through practicing it.

The cow is more subject to tubercular consumption than are most other animals. So while vaccination does not, and cannot, protect us against small-pox, we, by the use of *bovine virus* subject ourselves to inoculation with this dread disease. It is well known that the itch, syphilis, scrofula, and scrofulous ulcers often follow vaccination by humanized, and also by bovine virus. Latent diseases have been aroused into activity, and there is not a shadow of a doubt that thousands have died or have been maimed for life by this unscientific and abominable practice. Let us no longer rush headlong into this slough of destruction, but calmly consider the awful responsibility which is resting upon us.

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#### A CASE OF ACUTE CEDEMATOUS LARYNGITIS.

J. DEWITT HEATH, M.D., SHAWANO, WIS.

The patient, Mrs. P——, aged 50 years, large and fleshy, had had frequent attacks of quinsy. In the forenoon of the 1st of February, 1881, I was called to give her relief from what she supposed to be one of her attacks of quinsy, only worse than usual.

I found her sitting up in a rocking chair suffering from dyspnoea which she said began to trouble her somewhat, about 1 A. M. She

said she could hardly swallow anything, "it went the wrong way." At times had such distressed breathing spells she thought she must die. Examination revealed whistling inspiration—cyanosis—healthy tonsils (nearly), epiglottis swollen out of shape, œdematous, bright red. From the above signs and symptoms I was able to diagnosticate the trouble as acute œdematous laryngitis. I did not inform the patient of the serious nature of her disease but on the contrary talked cheerfully in order to remove any nervousness that might embarrass her respiration. Gave Apis mel., 3d trituration, in water, teaspoonful every half hour; cold compress to the throat. Under this treatment she improved and recovered within a few days.

The rarity as well as the fatality of this disease is my excuse for reporting this one. Age seems to have a marked influence as to the recovery of the patient with this disease. "About eight-ninths prove fatal in patients between the ages of ten and thirty; between thirty and fifty, one-half; while between fifty and seventy the mortality is again greatly increased."—Sisler.

Whether the treatment pursued in the above case will often be followed by such results, or whether nature unaided was able to accomplish a cure in the case, are questions that we will not attempt to answer; nor would I favor, in every case, entire dependence upon such therapeutical measures as the materia medica alone affords. But the result in this case suggests that Apis, cold water, or some other measure may ward off the danger and sometimes lay the knife aside.

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### BOILS.

WM. E. LEONARD, M.D., MINNEAPOLIS, MINN.

The present dean of the Homœopathic College of New York, once declared in the presence of a number of young physicians that he had never been able in his long years of practice to relieve the pain of a maturing boil; he generally gave an anodyne, if the pain was very severe, and used the knife at the earliest opportunity!

Most of us will congratulate ourselves that we know of a better method. The following cases may serve as illustrations of that method.

*Case 1.*—May 24, 1881, Patrick G——, 50 years, always healthy, but troubled in January last with a crop of boils, small, numerous and painful. Since then on his skin have appeared red blotches, a "prickly heat," as he terms it, with much itching. Now a new boil.

has appeared on his thigh, together with a general distressed feeling "as though about to be sick." Hepar<sup>4000</sup>, three doses, two hours apart. Later in the summer he reported that he was much relieved the next day; the boil did not mature, and he remained quite well since.

*Case 2.*—Jas. M——, 12 years, was seen Nov. 5, 1881. He is distressed with an abscess at the nape of the neck, bluish and unhealthy in appearance which possesses multiple openings, only one of which discharges, and that not freely, a sanious pus; *extreme soreness* about this region, was extending up on the scalp, existing for past three or four days; the maturing is very slow, although a poultice had been constantly applied for days. Arnica<sup>300</sup>, two doses, two hours apart.

November 7th, all day yesterday the abscess discharged freely and without soreness or pain. A speedy cure followed.

*Case 3.*—J. H. R., applied Nov. 8, 1881, for relief from the pain of a boil maturing in the right hypochondriac region, just along the border of the ribs; the surrounding tissues are greatly inflamed and reddened, and exquisitely sensitive; the throbbing pain keeps him awake nights. Hepar<sup>3000</sup>, two doses, night and morning.

On the 16th he reports that the remedies relieved greatly and that the boil was then rapidly healing, after discharging without pain.

### →\*WOMEN+AND+CHILDREN\*←

#### "SCIENTIFIC MEDICINE" VERSUS HOMCEOPATHY.— A CLINICAL CASE.

W. J. MARTIN, M.D., PITTSBURGH, PA.

On the evening of the 5th of November last, I was called to see Mrs. McC. The patient was about 38 years of age, the mother of six children, she was a small woman of nervous temperament, had always been an industrious hard-working woman and had enjoyed good health with the exception that she had been subject to attacks of "cramp in the stomach" for some years back, and had also been troubled with "rheumatism in the arms, wrists and hands." This brief history of my patient I had gathered at my first visit, at which time I also learned that her present illness was of about eight months duration, that she had been confined to bed nearly all that time, and had taken medicines and liquors enough to stock a small-sized drug store, with the result that she was a great deal worse than when she began.

"Scientific medicine," as represented by some three or four "scientific gentlemen," having failed to bring her any permanent relief she finally concluded to try homœopathy.

Her trouble consisted in frequently recurring attacks of abdominal cramps, pains of the most excruciating character accompanied by vomiting and long-lasting and most violent retching, and a constant desire to evacuate the bowels without being able to pass anything. The attacks would vary in frequency, following each other sometimes very closely, the interval between being one of prostration and fear, the urging to stool hardly ever ceasing except when the rectum contained an Opium suppository. Her arms and hands were almost powerless, the extensor muscles seeming to be paralyzed. The emaciation was extreme, the abdominal walls almost lying upon the vertebral column. There was complete loss of appetite and no sleep except when under the influence of Morphia. Temperature normal, pulse rapid and weak, intellectual faculties unimpaired.

These, in brief, were the symptoms, present and past, drawn from the patient, and they at once led me to suspect lead-poisoning, which suspicion was transformed to a certainty when on examining the mouth I found the leaden line on the border of the gums as clearly and distinctly shown forth as if the word lead had been written there. The teeth also and the odor from the mouth were such as are always found in patients suffering from the effects of lead. But when I gave her my diagnosis she and her family could not have been much worse surprised had she been shot (with lead). Her "scientific doctors" had given her quite a number of diagnoses but none of them had ever intimated anything like this. Therefore she and her friends were rather incredulous. Her case had been diagnosed by the "scientists" as gastritis, enteritis, gastro-enteritis, gastric fever (I believe she never had any elevation of temperature), and finally that great "resort of the destitute," change of life!

But without any diagnosis the homœopathic prescription would have been the same and would have cured just as well. Here as in nearly all cases the symptoms that lead us to correctly diagnose the remedy will lead to a correct diagnosis of the disease, and *vice versa*. Nux vom.<sup>s</sup>, ten drops in a tumbler half full of water, two teaspoonfuls every three hours was the first prescription. This was continued for about ten days the improvement being all that could be desired. Following this Platina<sup>200</sup> was given for about ten days at the same

rate. Improvement was rapid, no more nausea or vomiting, no more ineffectual urging to stool, good sleep, good appetite and steady increase in weight and strength. The wrists and hands, however, were still almost powerless. Platina<sup>300</sup> was continued at longer intervals, one or two doses per day, and after the patient had sufficiently recovered to come to my office I gave her two treatments per week of five minutes duration each, with a No. 3 Fleming & Talbot Faradic battery. She has almost regained perfect use of the wrists and hands, she can sew and do all kinds of house work, and at present enjoys better health and weighs more than for many years.

From girlhood this woman had been in the habit of almost daily besmearing her face, and maybe her neck too, with a mixture purchased from the druggist, for beautifying her complexion. The principle ingredient of the mixture was "flake-white." And this is the way she was poisoned. She promised me before making my first prescription that she would not use the cosmetic any more.

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#### CALCAREA PHOS. IN SPINAL CURVATURE,

M. E. DOUGLASS, M.D., DANVILLE, VA.

April, 1881, was called to attend a bright mulatto girl of 7 years. Found her complaining of pain in side and hip; walked and stood bent to affected side. Cervical region of spine tender on pressure; a marked lateral curvature of spinal column. Has been growing gradually worse for about a year, at which time she fell out of a swing rendering her unconscious for a time. Applied a Plaster of Paris jacket and gave Calcarea phos. 3x, one grain, three times daily. At the close of third day of treatment cut the jacket open and laced it up, ordering it to be removed on lying down at night, and reapplied before rising.

The following August removed jacket altogether and discharged patient cured. She has remained perfectly well and straight ever since.

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#### CANCER OF THE UTERUS IN NEGRO WOMEN.

M. E. DOUGLASS, M.D., DANVILLE, VA.

The *Obstetrical Journal* for February, 1882, page 368, publishes the statement that negro women never have cancer of the uterus. I would like to correct that statement, as I have myself seen two cases of scirrhus of the cervix in negro women—one of whom was a

coal-black negroes. One of them was my own patient during the last six months of her life; the other I saw at the request of another physician. A post-mortem examination confirmed the diagnosis in both cases.

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### VOMITING OF PREGNANCY.

A. P. DAVIS, M.D., DALLAS, TEXAS.

Mrs. S—, aged 22, *enciente* with second child—weaned first on account of stomatitis materna—was treated by allopaths for six months for the soreness of the tongue and mouth, was better and worse, until she and husband became discouraged and sought relief in homœopathy. I was called, used Schussler's remedies, Kali mur.\* then Natrum mur.\* which effected a perfect cure in a short time. Health being perfectly restored she became pregnant, and sickness (morning sickness) set in the 4th week. I then prescribed Cucurbita pepo., tinct., one drop to half a glass of water, teaspoonful every half hour; cured in half a day, none after. She has had no trouble since. Had the confidence of the family ever since and they are perfectly satisfied that the superiority of homœopathy over old school is an established fact. I treated, in same house, a brother of the lady who had malignant sore throat; high fever and much inflamed tonsils. Gave Baptisia, tinct., and followed it up with Mercurius protiod. 3x. Cured in four or five days.

I would recommend to the profession a trial of Cucurbita in the sickness attending pregnancy. It will save much suffering and the good mothers will ever be thankful to you for such indescribable relief from this dreadful suffering.

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### ✦SURGERY✦

#### A MINOR SURGICAL CASE.

A. P. DAVIS, M.D., DALLAS, TEXAS.

Henry G. aged 42, by birth a Kentuckian. Resided in river bottom attending crop during last summer and had become very bilious (as nearly all corn-raisers in the bottom lands do), and in this condition came to Texas in the fall, settled in Dallas and began as a business transient boarding-house a "meals at all hours" house, and doing some repairs met with a serious injury in the radio-carpal articulation by the thrusting of two 8d nails, that protruded through

a door, into the hand. The pain was severe (as well as the wound), He purchased Arnica tinct., applied immediately, and continued it twenty-four hours when I was called. Upon examination found the hand much swollen, wrist stiff and pulse 120, patient very nervous, pale and presented a ghastly look. Temperature 104° F. Tongue coated, bowels costive, and had not been moved for two or three days. The blood was dark, thick; liver torpid and skin tawny approaching to icterus. Eyes glassy, conjunctiva yellow, cheeks red in spots in centre.

The hand and arm red and inflammation extending, wound swelled shut, closed, back of hand puffed, red, and skin tight on same. It looked erysipelatous and as if pus was formed. I lanced it, no pus, but blood poured freely. The inflammation continued. Applied Calendula, gave Rhus 3x and Baptisia 2x. Pain subsided and fever lessened in twenty-four hours, but patient talked on, all subjects, often becoming confused and say the wrong word and in his endeavors to correct it would get further from the subject until some one would interrupt him or check him. This state continued for ten or twelve days. The Calendula was changed to Eucalyptus dilute, externally, after fourth day, which relieved the pain, Rhus continued ten days. The pains all ceased but the arm swelled to the elbow tight as the skin would bear. Several places pointed were opened and run watery, yellow secretion and thin broken-down pus. I then put patient on Calcarea sulph. 6x, every four hours.

Pus thickened, swelling reduced. Continued Calcarea sulph. three days, then gave Hypericum<sup>20</sup> and applied dilute tincture Hypericum to hand and arm. On the 17th day patient walked out; swelling in arm subsided gradually, but the sores continued to discharge pus, granulated and healed. Hand and fingers remained swollen; continued treatment, Calcarea sulph. and Hypericum. Patient gained in strength and resumed business, but hand continued large and patient is now on Silicea 6x and improving.

This case is remarkable in that he did not have *tetanus*. The tendons were bruised and tenonitis was very severe, and doubtless there was injury of the perosteum (perostitis). The patient avers that he owes his life to homœopathy, and I am of his opinion. The family are now strong and zealous advocates for homœopathy.

It is worthy of mention that there was, on several occasions, stiffness of the jaws, and many tetanic symptoms. The closure of the



wound, and the swelling of the whole hand, arm and fingers. The sloughing of the epidermis twice, and the recovery under such unfavorable circumstances, but it is a notable fact that gangrene is one of the rarest things known in this state, however severe the wound. I find that Eucalyptus is an excellent remedy externally applied to cuts, or in after-treatment to amputations. It is a disinfectant and protective against atmospheric influences, and cleanses the parts better than any remedy I have tried, it also prevents rigors and cures fever from traumatic causes better than Arnica.

The Calcareo sulph. 6x is an excellent remedy in all wounds where pus has formed. I think Hypericum is *the* remedy to prevent tetanus.

### →\*THE LIBRARY\*←

AMERICAN HOMŒOPATHIC PHARMACŒPEIA. Boericke & Tafel: New York and Philadelphia.

In presenting to the homœopathic profession a complete and reliable pharmacœpia, the publishers and compilers have done the school a most valuable service. We have been fully conscious of the need of such a work; indeed, for years the matter has received considerable attention at the hands of the American Institute of Homœopathy; a special committee, appointed soon after the flood, had the matter under consideration, and *kept* it there until even the American Institute was perfectly willing to discharge, and did finally discharge, said notable committee. This stumbling-block once out of the way, the whole affair was soon arranged; an enterprising, wide-awake publishing house took hold of the matter, and behold! here is, right under eyes, the new pharmacœpia, talked about, anxiously looked for, and in all probability it is a more wholesome production than could have been ground out by a bulky committee of presumed experts.

The book is divided into two parts and an appendix. Part I. deals with General Homœopathic Pharmaceutics, and embraces all that is to be said concerning the various utensils used in the preparation of remedies (bottles, glasses, weights, measures, corks, mortars, spatulæ, spoons, etc.), and the cleansing of said utensils; the natural substances (alcohol, water, sugar of milk, etc.,) are discussed briefly yet fully; directions are given concerning the procuring of medicinal substances, their preliminary manipulations, and the preparation of attenuations, triturations, etc. The making of tinctures and of potencies receives especial attention, and so distinct is the description of the processes employed, that blunders in making either of them will hereafter be inexcusable.

Part II. contains the Special Homœopathic Pharmaceutics, and is remarkably complete; after an hour's attempt to find proof of the omission of some remedy of any importance, we have given up the task in despair; but it will go hard if perseverance in this direction does not finally meet its reward.

Of all the homœopathic pharmacœpias heretofore published, that of Buechner is undoubtedly the most reliable, the fullest, the best. The work now before us resembles Buechner in its thoroughness, and begets in the reader that same feeling of

"trustworthiness" which has made this German work so valuable to us. But the American Pharmacopœia, even in the treatment of those substances which receive full attention at the hands of Buechner, is by far the more complete and practical of the two. The American work excels particularly in that it gives fuller descriptions of plants and minerals, and furnishes reliable "tests" where a knowledge of them is either necessary to determine the purity of certain agents, or where it becomes desirable to determine their presence in the human organism or in any body.

To give the reader an idea of the manner in which the various remedies are discussed, we will state that *Belladonna* is treated under the following sub-divisions: Official name; synonyms; natural order; common name; description of the plant; manner of preparation; drug-power of tincture; directions concerning the preparation of tinctures. *Arsenicum album*: Synonyms; present name; common name; formula; molecular weight; preparation of arsenious acid; properties; tests; detection of arsenic and arsenious acid; preparation for homœopathic use; amount of drug-power; directions concerning the preparation of dilutions and triturations. *Cantharis*: Synonyms; class; order; family; common name; description; preparation; drug-power of tincture; directions concerning preparations of dilutions and of triturations.

The appendix embraces some remarks on the subject of resinoids, cerates, glyceroles, lotions, and a few other substances in occasional use; table of weights and measures, etc., etc.

The entire volume contains 490 pages of matter, printed in the usual elegant style of this publishing firm. Even a careless reader finds on every page evidence of great care in the preparation of this book, and a thorough examination only strengthens our belief that the work is destined to be for many years to come *the* homœopathic pharmacopœia of English-speaking people.

## →\*SOCIETY\*NOTES\*←

### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN.

The Eighteenth annual meeting of the Homœopathic Medical Society of the State of Wisconsin will be held at the Plankinton House, in the city of Milwaukee, on Wednesday and Thursday, May 24th and 25, 1882. As the society is a working one, and its members are active, it is expected that the meeting will be a complete success. Eugene F. Storke, M.D., secretary, 132 Grand ave., Milwaukee, Wis.

### COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

DETROIT, March 13, 1882:—Dr. Gilchrist, as substitute for the lecture of the month, spoke on the "Histology and Differential Diagnosis of Mammary Tumors," with some reference to the genesis of tumors in general. The teachings of the anatomical and clinical school were contrasted, in an attempt to show that neither classification could be used exclusively, at least in the practice of surgery, as the surgeon could not form an opinion of the structure of a tumor, at all times, until he had removed it. Neither could he always diagnose the variety by microscopic examination, in the absence of any clinical history. Without reference to the numberless variety of tumors, in each class, for clinical purposes there are unquestionably three distinct families, yet with an evident relationship. Thus, all tumors are the result of hypernutrition as far as cell proliferation are concerned; yet in one class we find the result, speaking anatomically, is in a local tissue exaggeration, with no new elements, simply a redundancy. In another, the organization is still perfect, perhaps, but the tissue resulting is not normal in the region, and the force represented may be said to represent morbidity. In the last class, the elements are never fully organ-

ized, but remain embryonic. The whole catalogue of tumor formations may be placed under one of these three heads. While, however, the microscope is of no avail in making a diagnosis, it is of the last importance in *confirming* it, and thus furnishing a rational basis for prognosis. That the clinical study of tumors is eminently satisfactory, the fact was cited that experienced surgeons rarely had their diagnosis reversed when an appeal was made to the microscope. In confirmation a number of microscopic sections were shown from tumors recently removed, one from a mammary fibro-plastic that had been diagnosed scirrhus by a number of physicians. After giving the points of difference in mammary tumors, viewed symptomatically, the lecturer closed with a strong claim for removal with the knife of *all* forms of mammary tumors, the conditions of success being early and thorough enucleation. When systemic infection has occurred, and viscual deposits and cachexia are established, no treatment, medicinal, escharotic, or cutting will avail. Prior to that period, thorough and intelligent enucleation will usually cure, equally as sure, and much more speedily than any other method of removal, and to be preferred to remedies, as time is not lost by affording time for dispersion and viscual deposit.

Drs. M'Guire and Olin, assisted in the demonstration, by exhibiting a number of microscopic specimens.

#### THE CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS.

The Academy met in Club-room No. 4 at the Grand Pacific April 13, Prof. J. S. Mitchell in the chair. After the reading of the minutes of the previous meeting, the Secretary read the following list of names proposed for membership: Drs. C. J. Pearson, F. A. Churchill, C. A. Elinger, Henry Sherry, F. R. Day, Alice B. Stockham, E. W. Wood, of Oak Park; Charles Gatchell, A. Miller.

A lengthy paper was then read by Prof. J. S. Mitchell on Experimental Occlusion of the Coronary Arteries.

After the paper had been read and commented upon, the committee on hospitals reported their success in securing admission to the Cook county hospital. Permission to practice homœopathy in the county hospital was granted by the county board November 23 last, and 100 beds are now under the control of the appointed board of homœopathic physicians, and regular clinics are held three times a week.

The reports having been disposed of, the election of officers for the ensuing year was then held, resulting as follows: Dr. R. H. Foster, President; Dr. T. P. Williams, Vice-President; Dr. C. J. Pearson, Secretary and Treasurer; Drs. J. S. Mitchell, Charles Adams, N. B. Delamater, R. N. Tooker, T. C. Duncan, Censors.

The meeting then adjourned.

### →\*MEDICAL MEMORANDA\*←

#### COMMENCEMENT EXERCISES OF THE NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN.

The Nineteenth annual commencement of the above college was held at 8 o'clock P. M., of Thursday, March 28, 1882, at Association Hall, corner of 4th avenue and 28th street.

The hall was beautifully decorated with flowers, the centre of the stage being occupied by an elaborate piece standing six feet high, representing the badge of the alumnae of the college. Music was furnished by Grafulla's Band. The following ladies received the degree of the institution: Mrs. Jennie V. H. Baker, Mrs. Sarah A. Clock, Miss Anna J. Crowthers, Miss Fanny H. Kellogg, Mrs. Margaretha von der Lushe, Miss Mary E. Mann, Mrs. Isabella M. Rankin, Miss Georgiana D. Read, Miss Annie Smith.

Prize medals were awarded to Mrs. Baker and to Miss Mann. The gynæcological prize was awarded to Miss Annie Smith.

The session of 1881-1882 has been a prosperous one, the class numbering forty-two matriculants. We extend to the faculty our sincere wishes for the future success of the college under their charge, trusting that it will be their constant effort to excel in completeness and thoroughness of teaching rather than in attracting to themselves the attention of the profession by sending out unusually large classes.

THE WEEKLY  
MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.  
Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 66 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.  
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→\*WOMEN+AND+CHILDREN\*←

DYSPEPSIA AS A SYMPTOM OF UTERINE DISEASE.  
PHIL. PORTER, M.D., DETROIT, MICH.

The constitutional reactions produced by diseases of the cervix uteri, which form one of the most important features of the disease, have not hitherto been clearly elucidated. These sympathetic symptoms can, to a certain extent, be explained upon the anatomical connection which exists between the uterus and the various organs of animal life, all of which are placed under the control of the sympathetic system of nerves. The uterus is seldom long diseased but that the functions of these organs become impaired. This fact may be said to be the key-stone to the constitutional reactions of the disease we shall consider. The general symptoms which an inflamed condition of the cervix uteri produces, are nearly all indications of the impaired activity of the functions of animal life, and of consequent defective general nutrition. The local disease is generally too limited in extent, too isolated, and too chronic to give rise to the febrile symptom which so often attend inflammatory affections in a more acute form in other parts of the body. The extent to which the functions of digestion become morbidly modified, varies very considerably in different individuals, although the intensity and duration of the disease may otherwise be the same. With some women, digestion is merely weakened; but in the majority of cases it soon flags, and generally becomes more and more disordered, a host of morbid symptoms supervening. Indeed, the dyspeptic, gastralgic symptoms frequently assume such an intensity as to entirely mock

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the original disease, completely misleading both the patient and her attending physician.

These gastric symptoms seem to be more the result of difficult or depraved digestion than of irritation, or of inflammation of the mucous membrane of the stomach. The appetite may be diminished, but it is not unfrequently exaggerated. In the latter case there is generally a continual sinking, or a craving for food which nothing appears to satisfy. Nausea is very frequently present, especially during the menstrual periods, and is occasionally the forerunner of harrassing and often intractable sickness. The ingestion of food is often followed by a sense of weight and oppression at the pit of the stomach and in the chest, or by the sensation of a foreign body in the throat. It may also be followed by the eructation of flatus with which the stomach is often very much distended, or by the return into the mouth of tasteless, acid fluid, or of partly digested food. The occasional return, however, of small portions of partly digested, tasteless food into the mouth, without nausea or effort, is not so much a symptom of disordered as of weak digestion. I have frequently attended persons who, when in perfect health, ruminate their food in this manner; they are all persons who have formerly suffered from dyspepsia. In some cases, vomiting constantly takes place after food has been taken, and even at other times. When this is the case, the body of the uterus is, as a rule, implicated, and all remedies may fail to arrest vomiting permanently until the uterine disease is subdued.

The eructation of flatus may be very severe and very distressing. I have known it to last daily for many hours during weeks and even months. In these cases the gas seems to form in the stomach with singular rapidity. Intestinal flatulence, giving rise to a semi-tympanitic condition of the abdomen, is very common. In a more or less marked degree it is observed in a large proportion of cases of uterine inflammation generally and the abdominal tension and enlargement which it occasions is often a subject of bitter complaint. It takes place, no doubt, under the combined influence of a depraved state of the digestive functions, and of sympathetic or reflex action on the nervous system of the intestinal canal. This symptom generally resists all treatment specially directed against it, to disappear spontaneously when the uterine irritation has been subdued.

There is frequently pain in the region of the stomach, under the

false ribs of the left side, in the pit of the stomach, in the chest and under the left breast, in the region of the heart. The pain is of a dull, aching character which seems to characterize it in organs supplied by the sympathetic nerves. There is often considerable cutaneous sensibility in the region where the pains exist, which is nearly always increased by pressure. At times the patient can scarcely bear the pressure of her corsets. These pains are principally situated in the gastric branches of the solar plexus, from which they radiate to the pneumogastric and cardiac plexuses. They are evidently produced by the morbid condition of the stomach, and not directly by the disease of the uterus; for when the functions of the stomach are not modified by the uterine inflammation, and the stomach evidently remains free from disease they are scarcely ever observed.

Most writers on female diseases have remarked the coincidence between leucorrhœa and dyspepsia, but they have often erroneously attributed the origin of the leucorrhœa to the dyspeptic affection; in other words, they have considered the uterine symptoms to be the result of the depraved state of the digestive functions. A more complete error could not be made. I do not mean to say that dyspepsia, by debilitating the economy, may not render any part of it, the uterus included, more liable to disease; but I have no hesitation in asserting that it is very rarely indeed that obstinate leucorrhœa can be traced to such an origin. The dyspeptic symptoms observed in obstinate leucorrhœa are nearly invariably the result of the sympathetic reaction on the stomach of the inflammatory disease of the cervix. The latter, in a great majority of cases, is the real, although the unrecognized, cause of the leucorrhœal discharge.

Diseases of the *cervix uteri* generally modifies the digestion unfavorably in the course of a short time, the extent to which it becomes modified depending in a great measure, on the vitality of the patient. If the stomach is naturally weak, it is sooner and much more seriously affected than would otherwise be the case. So continually do I observe dyspepsia under these circumstances, that the very existence of severe disorders of the digestive functions, in a young woman, without any apparent cause and which resists rational treatment always induces me to question narrowly the state of the uterine functions. I have thus been led to discover the presence of extensive local disease in cases in which scarcely any local symptoms were present. The practitioner can, after arriving at a proper diagnosis,

give such advice as will often be of great value to the patient, even if local treatment is not resorted to.

The most ordinary result of this depraved state of the digestion which we meet with in uterine disease is deficient nutrition, and consequent emaciation. The patient is thin, pale, weak anæmic. This is not always the case, an abundant deposit of fat may take place on the abdominal walls, or generally, and then again a false appearance of health is produced. The stomach not having the power to transform food into chyle susceptible of assimilation with the more vitalized elements of the human economy, flesh and bone, a lower degree of nutrition only is obtained, and fat is formed. This I think explains the positive corpulence of some women suffering from uterine disease—corpulence which they erroneously look upon as a sign of health, whereas, in reality, it is only an additional evidence of the depraved state of the digestive organs.

The various symptoms indicating disordered digestion, assimilation, nutrition and innervation are generally sympathetic—that is in connection with diseases of the *cervix*—and it therefore stands to reason, that when the cause of all the mischief is removed, the economy must rally, even unassisted, unless the constitution be defective, or too generally and profoundly depressed by disease. I constantly meet with patients who have been treated for months and years and who, instead of deriving any benefit from “tonics” and good living to “build them up,” have gradually become more and more debilitated, emaciated and feverish. While, of course, I am willing to grant a great deal to medicinal and hygienic measures to assist the restorative efforts of nature, I must not depreciate local treatment. I have often ordered the liberal use of hot water injections and with no other local treatment have relieved women suffering in a marked degree from inflammation of the *cervix*. The employment of hot water in this connection is like fitting a pessary, or a plate for artificial teeth, if not properly carried out it is not of much practical importance, and more often results in failure than proves of assistance. The original tube to a Davidsons’ syringe is too small for ordinary use, and if the hole in the end is not closed, water will sometimes be forced into the cavity of the uterus and produce intense uterine colic. When ordering hot water injections, instructions should be given to use not less than four to six quarts at a time, and the patient should occupy the recumbent position with her hips on a level, if not higher,

than her shoulders. Injections should always be given by a second person, if this is at all possible, and three times a day. The last injection should be given just before retiring, which will relieve those aggravating pains women complain of at retiring, and it will often insure a good night's rest. The venous circulation is stimulated and the overloaded cervix and uterus are relieved. By no means, ever order a common glass tubular syringe, such as are found in the stores; they are not only dangerous to use, but are so fatiguing to the patient as well as irritating, from the constant withdrawal and introduction every time the syringe is filled, that they do more harm than good. What is worth doing at all, is worth doing well, and by judicious employment of hot water we will be surprised at the great relief the suffering patient experiences.

#### COMPLICATED WHOOPING COUGH.

M. W. GALLUP, M.D., SAUGERTUS, N. Y.

Laryngismus stridulus added to whooping cough already complicated with capillary bronchitis makes a case which no one can wish to see repeated. Happily such cases must be rare. I do not remember to have seen any reported; I never saw but one.

Baby B—, aged nine months, had whooping cough until she had reached the whooping stage, before the mother applied for treatment. She sent for me then because of fever, rapid and labored respiration, and much rattling of mucus in the bronchial tubes. I found the pulse 150, full and bounding; respiration 50; temperature 103; the child in a state of excessive nervous excitement; occasional vomiting, thirst, and no appetite. Prescribed Stibium.

Two or three days brought no material change. At the end of that time I was summoned in great haste, the messenger saying the child was in a fit. I found her restored to consciousness, but very pale, and dripping with perspiration. The mother informed me that in a paroxysm of coughing, she had drawn a long and very difficult breath, without the usual whoop, had then stopped breathing entirely and had turned purple, almost black in the face. Prescribed Cuprum.

Toward evening there was a recurrence of the spasm—this time without the paroxysm of cough. The next day she was worse, and the next worse still, the spasms recurring every three or four hours. During these two days I exhibited several remedies which it would



be useless to name here as they failed to relieve. I had no Chlorine, which I think might have done good service. The third day of the spasms, following the advice of a brother practitioner, I gave *Veratrum viride*, tinct., in half-drop doses, every half hour until the pulse came down to 100, and then, by lengthening out the interval, I managed to keep it there. This treatment kept off the spasms for *four days*, though the cough continued unabated. But the *Veratrum* wore out and the trouble returned, if possible, worse than before. The spasms were more frequent, and each time lasted longer. We tried baths in water as hot as could be borne. Finally after seeing her lie in a cyanosed and unconscious state so long that I thought she would never breathe again, it occurred to me that the strong odor of Musk might control the paroxysm. I sent to a drug store and obtained an ounce of strong tincture of the drug. With this I saturated a handkerchief, which was placed in a closely shutting box. Close watch was kept, and when the least indication of cough or spasm was seen, the uncovered box was immediately placed to the nostrils. This immediately stopped the "spasmus glottidis" and greatly modified the cough.

All went well for four or five days. The respirations decreased in frequency, pulse and temperature became lower, and general improvement was manifested. But the Musk lost a portion of its efficacy, and there were a few closures of the glottis of short duration. At this stage of the case, the colleague who had recommended the *Veratrum viride*, was again called in. He prescribed Amyl nit.<sup>1</sup>, ten drops in half a glass of water. This seemed to have a good effect but about this time the whooping stage of the cough terminated which I think had something to do with lessening the liability to spasms of the glottis. The child recovered.

There are two points in this case to which I wish to call special attention. First, the beneficent effect of *Veratrum viride*, although given in material doses and for the single purpose of forcing down the pulse. This case occurred in the first year of my practice, and and I confess that up to that time I knew nothing of the therapeutic value of the drug. Since then I have come to look upon it as one of the valuable agents in our armamentarium. In febrile diseases in which the temperature runs high, the pulse is rapid, full and bounding, skin dry, and great nervous erethism exists with muscular twitchings, it often acts like a charm. Nor is it necessary to give it

in large doses, though I have always used it in low dilutions. In a case of lobular pneumonia in a child four years old, just now convalescing, it ameliorated all the above symptoms, accompanied by delirium. Aconite and Belladonna had failed.

Second, I would urge my readers if they are ever called upon to treat a case of laryngismus stridulus to give the Musk a trial. Whether it would act as well potentized, and when given internally, I do not know. I do know that the strong odor exerts a wonderful influence over spasmodic affections of the respiratory organs. In my case it not only stopped the spasms of the glottis, but I think it aborted fully one half the paroxysms of cough.

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#### IODIFORM IN GYNÆCOLOGICAL PRACTICE.

Dr. Foster editor of the *New York Medical Journal and Obstetric Review* publishes in the March number of that journal some clinical notes on the use of Iodoform in gynæcological practice, especially in pelvic peritonitis and cellulitis of a chronic form. The cases are classified according to the abnormalities ascertained to be present:

1. Cases in which inflammatory action was supposed to exist, or to have existed, but in which the uterus was freely movable without pain.
2. Cases in which the mobility of the uterus was but slightly if at all impaired, but in which motion of the organ was painful.
3. Impaired mobility of the uterus, with little or no pain on moving it.
4. Mobility of the uterus decidedly impaired, with pain on moving it.
5. Uterus nearly or quite immovable, with little or no pain on attempting to move it.
6. Uterus nearly or quite fixed, with decided pain on attempting to move it.
7. Cases of palpable inflammatory deposit.

The most prompt and satisfactory results were obtained in the last group of cases—those of palpable pelvic exudation. Such cases, however, do better, according to the author's experience, under the more usual methods of treatment than those in which the exudation is not capable of detection by palpation, but is inferred to be present from conditions that can scarcely be explained on any other theory. But, while such is the case, it is quite as true, he remarks, that we now and then meet with bulky exudations that prove utterly rebellious to treatment. A good deal depends, no doubt, upon whether the deposit is of recent or of remote formation; and this question it is not always easy to settle in the cases of patients

of whose past history we know nothing beyond what we may be able to elicit by questioning them. Taking the seven groups together, it seems to him that the patients progressed more satisfactorily, on the whole, than they would have done without the use of Iodoform. It is true, he adds, that in the great majority of them the use of vaginal injections of hot water was prescribed, but it is no less a moral certainty that in many instances they were neglected by the patients. Their proper use being assured, he would esteem the three great remedies for chronic extra-uterine pelvic inflammation in the following order: (1) Hot water, (2) Iodoform, (3) Galvanism. As to the best method of using Iodoform in such cases, his preference is for its application to the upper part of the vagina, and his practice is to tampon the whole vaginal canal with wicking. This prevents the application from being washed away with the discharge, and the tampon is often of great service by its mechanical action—steadyng the uterus, sometimes exerting a gentle, even distension upon the deposit, and perhaps inducing muscular contraction. These tampons are almost always borne without pain or discomfort, and, from the fact that Iodoform is an antiseptic, they may be retained for several days. His custom is, however, to direct their removal at the end of thirty-six hours. Not the least of their merits is that they effectually shut in the abominable odor of the drug. Used in this way, he has never known Iodoform to betray the patient by its odor, although its taste is sometimes complained of immediatly, showing that the substance occasionally makes its way into the uterine canal, or else is absorbed by the vagina more promptly than we are accustomed to expect in the case of medicaments introduced into that passage. For occasional use, as an anodyne; in acute cases, in which the patients are not likley to be asked embarrassing questions by strangers, and in which, as well as in cases of vulvar hyperæsthesia, it is an object to avoid meddling with the genital canal; also with patients who can not have continuous treatment by the physiciay himself, the employment of rectal suppositories is a valuable resource.

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### ✽SURGERY✽

#### AT THE CONFSSIONAL.

J. G. GILCHRIST, M.D., DETROIT, MICH.

In days gone by the writer was among those who most strenuously demanded adherence to the traditions of homœopathy in two im-

portant particulars, viz., the attempt to cure all surgical conditions by remedies alone, and the avoidance of the use of preparations of Opium for anodyne effects. Years of honest effort has compelled him to qualify the first statement somewhat, and a distressing experience has lately necessitated the use of Morphia to relieve pain. The last experience, joined to a conservatism natural to increasing age and experience, is mentioned as a single occurrence, it being the first time it has been used and to emphasize what is believed to be a fact, that there are conditions, under our present imperfect knowledge of morbid and drug-action, which are practically incurable, and in which it would be more than inhumanity to withhold even the questionable relief offered by anodynes. As to medical treatment of surgical diseases, a single instance will suffice to illustrate what now seems to be the true principle.

A lady came to me, from another state, with a large fibro-plastic tumor of the left breast, which had developed to the stage of ulceration, with glandular infiltration. It had been from the first under good homœopathic treatment, but at no time had the least impression been made upon its growth, and the favorable period for enucleation had long since past. After a time spent in attempting to localize the morbid action, by Silicea and other drugs, it became apparent that nothing more could be expected with remedies, and that unless the tumor was at once removed a fatal result was imminent. The breast was amputated, including the muscles of the chest and such portions of indurated tissue as were accessible. The induration in the neck involving the region of the thoracic duct for obvious reasons was untouched. The patient survived the operation, is still living, but there is rather more than a reasonable fear that she will soon perish. Now, with our present knowledge of the genesis of tumors, it is certain that if removal is delayed until there is extensive glandular deposit and other lymphatic involvement, recurrence is the rule. Without questioning the *ability* of remedies to cure tumors, for I have many instances to prove it, I am of the opinion that important time must *not* be wasted in an attempt to arrest a morbid growth, when we have no certain promise of success, and we know our patient may be suffered to reach a point where even enucleation will prove ineffectual. So I *now* say, as to tumors, particularly when of the recurrent or malignant type, operative

measures are the *first* indications, in early stages; remedies are only to be used when the extension of the growth forbids enucleation.

As to the use of Morphia: This lady had an antecedent musculo-spinal neuritis, and was much run down, in every way before the operation. Like all operations of this character, the loss of blood was considerable. With the pain unrelieved the sources of danger were so many that she would soon expire unless it could be mitigated. Remedies, probably from a poor selection, effected nothing, and Morphia was used as a last resort. There was no pain from the wound, Hypericum controlled that. Here was the problem: Study indications while the patient was in momentary danger of death; or, afford temporary relief and give time to recover from the loss of blood? I choose the latter. Those who condemn, have certainly either never had such a demand made upon them, lost their patient by death, or had it go elsewhere for relief. This is not written to inculcate narcotism for pain, but as an admission of defeat from one who has boasted of his ignorance of opiates, and has been forced to admit his incompetency in the face of a great emergency.

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#### POTTER'S CLAY IN BURNS AND SCALDS AND IN POISONOUS WOUNDS.

J. C. FLYNN, M.D., WARREN, MICH.

On May 11, 1881, Mr. T., aged 27, foreman in a stove factory, was very severely burned by the factory taking fire, and he in some way fell from a height of ten feet into a pile of burning shavings and sawdust, blinding him so he could not see his way out until he was badly burned about the head, face and breast, especially about the left side and region of the heart, also hands and arms.

I was immediately sent for, but being out of town another physician in this place was called, and he sent for counsel. They dressed the burns with Carbolic acid and Linseed oil on cotton, but said the man could not possibly recover, did not think he could or would live twenty-four hours. They had charge of the case for two days, when they sent to another town for Mr. T's former family physician who gave it as his opinion that the man had not *one* chance in a *million* of ever recovering, and if he should, he would lose both arms, and be otherwise badly disfigured.

The physicians being "old-school," the family concluded to see

what the homœopath could do. Accordingly I was called in, May 14th, three days after the accident. I neglected to say that the patient's mouth and throat were so badly burned that it was with great difficulty he could swallow.

When I took charge of the case I found the patient suffering very intensely, despite the Morphia given by his former attendants. The burns were of the fourth degree. The whole thickness of the skin and part of the subcutaneous cellular tissue were destroyed. Yellowish, black, incensible eschars were being formed with considerable inflammation around them, leaving, on their separation, luxuriant granulating surfaces. Pulse 130, weak and thready, temperature 103° at 10 A. M.; face so much swollen that he could not see. The discharge from the burned surface smelled very offensively.

Treatment: Tincture of Aconite, ten drops in glass two-thirds full of water, teaspoonful every two hours in alternation with Arsenicum 3x, two-grain powder every two hours.

External treatment: Removed all the old dressing and washed off the burned surface with warm water and Castile soap by making a suds and letting it fall from a sponge on the parts to be cleansed, then put some clay in a bowl and wet it with an infusion of marigold flowers, made by steeping one ounce of the flowers in a quart of boiling water. Wet the clay sufficiently so as to make a paste of it that will easily spread on cloth and apply to the whole burned surface, changing it night and morning. For the mouth and eyes I cut holes in the cloth. Continued the above treatment for three days with marked improvement in the patient's general condition, the burned surface beginning to heal in places, but he was restless at night, for which I gave Morphia sulph. one-eighth grain, at 5 P.M., which had the opposite effect from that desired, making him delirious. I changed the internal treatment, gave Aconite tinct., ten drops, Hypericum tinct., ten drops, in two-thirds of a glass of water, to be given in alternation with Arsenicum 3x, one-grain powder every two hours. Continued this treatment till the patient was entirely well, lengthening the interval between the doses as the patient improved. I occasionally gave him a dose of Silicia 6x for the excessive suppuration.

This was the treatment used from the beginning and the beauty of it was that the patient got well, and did so, without a scar or blemish. He was back to his work in two months. I attributed

the healing so nicely to the clay-dressing which I used all the time, for I had used it before and always with the same result. It is healing and cooling, and in a few hours after being applied it greatly relieves the pain and soreness. I forgot to say that in using the dressing when the clay becomes dry in the interval between changing I have the plaster moistened by a wet sponge. I generally get the clay from a brick-yard before they mix it for making brick.

At some future time I will narrate some cases where I have used it in ulcers and poisonous wounds and burns of less extent than in this case.

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### →\***MEDICINE**\*←

#### THE OPIUM HABIT.—CLINICAL CASE.

J. E. CALDWELL, M.D., NEBRASKA CITY, NEB.

Mrs. X., aged 40 years, dark complexion and rather plethoric habit, applied to me for aid, being in ill-health from the excessive use of Sulphate of Morphia. She had contracted the Morphia habit about four years before, from its use during a lingering attack of pneumonia, this having been almost the only medicine administered by her physician.

Of course the first thing for me to do was to help her stop the use of the drug. But she stated that several times she had attempted to desist and had failed. At one time under the direction of a physician she had substituted Coca for Morphia and congratulated herself upon the success of the scheme; but as soon as the Coca was discontinued she felt the need of the Morphia as much as ever.

When she came to me she was using a one-eighth ounce bottle of the drug (Pamers & Weightman), each week. I commenced by weighing an average daily dose (she usually took it on retiring) and diminishing the amount by one-eighth grain each day, furnishing her with a week's supply at a time, appropriately marked in separate powders. When the quantity was reduced to one or two grains I added Saccharum lac. to prevent loss in the size of the powders, continuing the latter as a placebo after the Morphia had been discontinued.

Of course nothing can be accomplished in this way without an effort on the part of the patient. In this case the discomfort became so great that I was called two or three times to give relief, for she had promised to take no more than the prescribed daily quantity

without my permission. I gave her an extra dose once when severe toothache and earache were added to other distressing symptoms.

But the most interesting feature of the case is yet to be told. As soon as her system began to feel the diminished amount of the narcotic there occurred many of the more distressing symptoms of Opium as we recognize them, viz., sleeplessness, twitching of the muscles, painful acuteness of the senses, profuse perspiration causing the least draft of air to chill her, characteristic constipation so severe that the use of a syringe was necessary, etc. Very marked relief from the above symptoms and refreshing sleep were obtained by the administration of Opium<sup>s</sup>, and that while diminished doses of Morphia were taken every morning!

At one time I gave Coffea<sup>s</sup> and at another Opium 30th, and was not wholly disappointed in either case; but the relief was less marked than when she had Opium<sup>s</sup>.

Call this homœopathy, isopathy or what you please. The facts remain the same. I prescribed the *similimum* and was pleased with the results. About two months were required to break the habit.

Will some one else give his experience in the treatment of the Opium habit?

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### FUCUS VESICULOSUS.

A. F. RANDALL, M.D., LEXINGTON, MICH.

Two or three years ago you could "hardly take up a medical journal without seeing something in it about the wonderful anti-fat remedy, *Fucus vesiculosus*." At present the contrary is the case, owing probably to the fact that the patient was quite as likely to *add* to his already superabundant fat by taking the *Fucus*.

I believe however, that a careful study of this plant will prove it to be a remedy of value. *Fucus*, commonly called gulf weed, bladder wrack, or sea wrack, grows in great abundance all along the Atlantic coasts. There are many varieties, as *vesiculosus*, *nodosus*, *serratus*, *furcatus*, *platycarpus*, etc., and some of the journals say that it probably makes little difference which kind is prescribed; a statement that the more exact and scientific homœopath will not be slow to reject.

It is used in large quantities for making kelp; also for manure, and in some localities for fodder for cattle and horses.

Dunglinson, in his dictionary, states that its virtues are due to the



iodine it contains. I have reviewed the cases that have come to my notice with the view of ascertaining, if possible, in the absence of provings, its sphere of action.

A large number of cases are quoted as having been benefited by taking *Fucus* in doses of from a teaspoonful to a tablespoonful thrice daily, the diminution of weight being from a few pounds to more than a hundred pounds each. Most of those benefited are reported as women suffering from menstrual disorders, chiefly amenorrhœa, scanty flow, and dysmenorrhœa. In many cases of apparently healthy individuals the remedy had an effect contrary to that desired, viz., an increase of flesh. In some, no other benefit was noticed than the cure of chronic constipation, while in numerous cases a decided menorrhagia was thereby induced.

One observer states that he has used it for twenty years and has seen several cases of obesity cured with it. "The plant is equally beneficial for lean people to make them fat and plump; it changes the unknown morbid condition that exists in either case to a healthy state, I have used it with good results in chronic cystitis, irritable bladder, debility, diarrhœa, dyspepsia, enlarged glands, malnutrition, etc." Several cures of bronchocele, with menstrual disorders are reported.

My own experience is limited to one trial in which I gave it empirically in full doses to a corpulent lady whose weight was 240 pounds, and who has suffered for years, her chief complaints being a chronic cough and dyspnœa, with frequent paroxysms simulating angina pectoris. Her disease had been diagnosed fatty degeneration of the heart. She did not continue to take it very long although she reported a decided loss of flesh and considerable improvement of her health in general.

I am well aware that these are rather scanty and, to a certain extent, unreliable data from which to decide its homœopathic status, and perhaps the readers of the COUNSELOR will think as did the allopath: "It would be difficult to convince him that what would fatten hogs would make a Christian lean."

I cannot resist the conviction, however, that the experience cited points to *Fucus* as likely to prove valuable in certain cases of morbid obesity when there is co-existing menstrual disorder. What we now need is its careful proving upon the healthy, to determine its characteristic indications.

→\*EYE:EAR:AND:THROAT\*←

THE ACTION OF MERCURIUS DULCIS ON THE  
MIDDLE EAR.

F. PARK LEWIS, M.D., BUFFALO, N. Y.

In a paper of mine recently published in the *COUNSELOR*, I referred to the action of Mercurius dulcis on the middle ear. Since that time Dr. Houghton, of New York, has called my attention to an article from his pen in the *Transactions of the American Institute of Homœopathy*, of 1876, in the "Homœopathic Therapeutics of Aural Surgery."

In his exceedingly careful and concise analysis of drug-action upon the ear, the following remarks relative to Mercurius dulcis occur. They are of such undoubted practical importance that you will, perhaps, permit their reproduction.

MERCURIUS DULCIS.

"In the *Homœopathic Times*, April, 1875, we gave the reason for employing this remedy in chronic catarrhal inflammation of the middle ear. Eighteen months have confirmed the anticipations raised by its first trials. The objective symptoms are those of this form of inflammation—the *membrana tympani* retracted, thickened and immovable by inflation; a granular or hypertrophied condition of the pharyngeal mucous membrane. The subjective ones are those of a benumbed, dull feeling between the throat and ear, a pressure in the ear from without, with these the subjective symptoms of irritation of the auditory nerve from pressure or tension on the stapes and fenestra rotunda, humming, roaring and singing. These fade as the audition increases. In many cases the more intelligent patients can give the moment the air passes for the first time in months or years, from the throat to the ear. Of this form of disease Toynbee thus writes: 'This affection is less prevalent in the young than in adults, in whom it is liable to occur after repeated attacks of cold, whether with pain or not. It is, however, most frequent in persons advancing in life, and may, in fact, be considered as the disease which *causes deafness in advancing years*. The generally received opinion that in this kind of deafness the nervous system is at fault is manifestly incorrect, as proved by the symptoms and by the mode of relief found beneficial.' It is to this condition that Mercurius dulcis is proven to be homœopathic."

COLOR-BLINDNESS.

People have been slow in coming to believe that color-blindness is common, but that such is the case is being proved every now and then in the examinations of pilots in Chicago. A singular fact, too,

is that those afflicted in this way have n't the remotest suspicion themselves of their short-comings. A case in point came up (April 21,) before Dr. Miller, surgeon of the United States Marine Hospital at this port. The examinations are held at the office of the Marine Hospital. J. Blossiter, a navigator of nineteen years' service, had applied to the local government inspectors for license as a pilot, citing his experience, and proving his competency. When it came to the color-blind question, however, the inspectors turned the applicant over to Dr. Miller for examination.

The large drawer of one of the tables is full of skeins of zephyr worsted of different shades of all the colors. There are "test" skeins of red and green, and one or the other being placed on a ground of white on the table, the applicant is told to pick out the different shades of the same color from the drawer, and place them beside the test skein. (The room was as light as could be, the sun shining brightly into the windows.) There are also test cards containing squares of the different colors, together with what are called "confusion shades" of the colors.

The red test skein was first thrown out, and the captain was asked what color it was. He promptly answered that it was green. He was then told to match it from the various hues in the drawer. This he did by throwing down shades of various colors, among them two or three skeins of bright green, and as many of red. He was cautioned to be careful, and all except the red "test" were put back into the drawer, and he was told to match again, but the result was just the same. Then the green "test" skein was put upon the white ground, and the captain was told to match that. He said that it was red, and showed conclusively that he could not distinguish one color from another, or even guess at it, by attempting to match it with various colors, among them both red and bright green. He was then subjected to the card test and was convicted out of his own mouth of total color-blindness.

A number of people were present during the examination, and were deeply interested and much surprised.\*

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→\*MEDICAL MEMORANDA\*←

EDITOR'S TABLE.

Dr. C. A. Williams has removed from Joliet to Chicago.

Dr. Wm. McNeill has removed from Taylorville to Grove City, Ill.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.  
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## ✻SURGERY✻

### PARTIAL PARALYSIS FROM REFLEX IRRITATION CAUSED BY CONGENITAL PHYMOSIS AND ADHERENT PREPUCE.

ARTHUR A. CAMP, M.D., MINNEAPOLIS, MINN.

This subject has been almost entirely ignored in the text-books, and in the preparation of this paper, I have gleaned my information mainly from Prof. Lewis A. Sayre, from whose writings on this subject and from correspondence with him, as well as from some personal experience, I am convinced that it is a matter which is frequently overlooked; and did we recognize its importance, as we should, we would make prompt cures by removing the *cause*, when in spite of all our efforts at fine symptomatology we now meet with mortifying failures.

In many children partial paralysis, lack of power of co-ordination and apparent idiocy are dependent, in a great part at least, upon some irritation of the genital organs. In males, this is sometimes due to a constriction around the glans penis, producing continual priapism, the result of which is wasting and exhaustion of the nervous system, sufficient to produce more or less paralysis, and, in some instances, complete loss of speech and of vision.

In girls, on the other hand, much the same results are produced by an irritation of the clitoris, which is not uncommon.

All kinds of treatment for such cases is utterly useless, unless we recognize and remove the cause of the irritation. Its action is precisely analogous to that of a thorn, or some other foreign body, penetrating the tissues; we cannot expect relief so long as such

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foreign substance is permitted to remain and to keep up the irritation.

In examining some cases, notably in girls, we notice a white point surmounting the clitoris. This is composed of hypertrophied nervous tissue which acts like an electric battery upon the lower extremities when irritated by the hand or otherwise. In males, after operating for the relief of the constricted prepuce, we almost invariably find a roll of hardened smegma behind the corona, and this foreign substance, together with the constriction, is the cause of irritation as severe, and in every respect like the hypertrophied nervous tissue.

Of course, this condition presents itself to us in all degrees of severity, from one of simple irritation to that of complete constriction of the prepuce—and so its symptoms will also vary. Prominent among the most marked cases, are the following symptoms: Some times the patients are to all intents and purposes idiotic. They are neither able to speak, nor walk, nor to feed themselves, sometimes they are blind. On account of falling, and reflex convulsions of the extremities, the disease by an inaccurate observer might be called epilepsy. The patient usually sits cross-legged, and in some there presents such a rigidity of the tendons, that it is almost impossible to produce flexion of the feet. Certain phases of this deformity have been mistaken by even astute observers who have been on the point of operating for club-foot, as the following extract from the transactions of the American Medical Association will show.

On the 9th of February, 1870, Dr. Sayre received the following note:

“DEAR SAYRE: Please let me know at what hour you can come to my house to see the son of Mr. —, of Milwaukee. The little fellow has a pair of legs that you would walk miles to see.

Yours truly,

J. MARION SIMS.”

Dr. Sayre says: “I immediately went to the doctor’s office and found a most beautiful little boy of five years of age, but exceedingly white and delicate in his appearance, unable to walk or stand erect without assistance, his knees being flexed at about an angle of 45° and the doctor had sent for me to perform tenotomy upon his hamstring tendon

After a very careful examination I discovered that when I amused the child and distracted his attention from himself, I could with very little force easily extend both of his legs to their normal length, but as soon as I released my hold of them they would invariably

become flexed again, and no irritation that I could produce upon the quadriceps muscles was sufficient to extend the legs except in the very slightest degree.

I soon satisfied myself as well as Dr. Sims that the deformity was due to *paralysis* and not *contraction*, and it was therefore *necessary to restore vitality to the partially paralyzed extensor muscles rather than to cut the apparently contracted flexors.*

I therefore had him sent to my office for the purpose of applying the constant current of the galvanic battery. In its application, while passing the sponge over the upper part of the little fellow's thighs, the nurse cried out 'Oh, Doctor! be very careful, don't touch his pee-pee, its very sore,' and upon examining his penis I found it in a state of extreme erection.

The body of the penis was well developed but the glans was very small and pointed, tightly imprisoned in the contracted foreskin, and in its efforts to escape, the meatus urinarius had become as red and puffed out as in a case of severe granular urethritis; upon touching the orifice of the urethra he was slightly convulsed and had a regular orgasm. This was repeated a number of times and always with the same result. The nurse stated that this was his condition most of the time, and that he frequently awoke in the night crying because "his pee-pee hurt him," and the same thing had often occurred when riding in the stage or car; the friction of his clothes exciting his penis would cause erection. As excessive venery is a fruitful source of physical prostration and nervous exhaustion, sometimes producing paralysis, I was disposed to look upon this case in the same light, and recommended circumcision as a means of relieving the irritated and imprisoned penis.

This was performed on the following day, assisted by Dr. Yale, who administered the Chloroform, and Dr. Phelps, and in the presence of a number of my private students.

The prepuce was pulled well forward, and cut off with a pair of scissors, when the *tegumentary* portion readily glided back over the glans leaving the mucous portion quite firmly adherent to the glans, nearly to the orifice of the urethra. Seizing the thickened mucous membrane on either side of the glans, with the thumbs and fingernails of each hand, it was suddenly torn off from the glans penis, to which it was quite firmly adherent, nearly to the corona. Behind the corona, there was impacted a hardened mass of sebaceous

material, almost completely surrounding the glans. This was removed; the mucous membrane which had been torn off from the glans was split in the centre nearly down to its reflection, and, being turned backward, was attached to the outer portion of the prepuce by a number of stitches with an ordinary cambric needle, and very fine thread. The penis was then covered with a well oiled linen rag, and kept wet with cold water.

No untoward symptoms occurred, and in less than two weeks the wound had entirely healed, and the the penis was immensely increased in size. The prepuce was sufficiently long to cover the glans, and could be readily glided over it without any irritation whatever.

From the very day of the operation, the child began to improve in his general health, slept quietly at night, improved in his appetite, and, although confined to the house all the time, yet at the end of three weeks he had recovered quite a rosy color in his cheeks, and was able to extend his limbs perfectly straight while lying on his back.

From this time he improved most rapidly and in less than a fortnight was able to walk alone with his limbs quite straight. He left for his home in the west about the first of April, entirely recovered; having used no remedy, either iron, electricity or other means to restore his want of power, but simply quieting his nervous system, by relieving his imprisoned glans penis as above described."

Dr. Sayre also reports three other cases which I will note as interesting and instructive. He says: "On the 7th of April, 1870, three cases of hip disease came over to my office within a few minutes of each other. One from Dover, N. J., the others from the city. The two latter were little boys about seven and nine years of age, rather delicate in appearance, and each of them in the second stage of hip disease. After questioning in the most careful manner I could find no *local* cause for the complaint. They had received no injury, fall, blow, wrench or strain that I could get any information about, and I was somewhat annoyed, as in the immense majority of these cases, I have always been able to trace the disease to some *local* origin, rather than to a constitutional dyacrasia.

While I was examining the third case to my surprise I found that like the other two cases I could not trace his disease to any distinctly recognized injury that he had ever received. He never had any severe fall, wrench, bruise, blow or any other injury of the joint

which his father could call to mind. When examining his hip my thumb came in contact with his penis, which became erect almost immediately, and presented an exceedingly curious appearance. The penis was quite large but very short, and had a long, worm-like projecting prepuce, with an exceedingly small orifice, which admitted a small probe for nearly half an inch before the glans was reached."

The most marked and interesting case occurring in my own practice, is the following :

E. R., a bright little fellow of four years had the following history. —He seemed to be a healthy infant, well nourished, and suckled by his mother, except that he never cared to creep. He would sit in a chair or on the floor for a long time, perfectly well contented, but it never seemed to enter his head to locomote from place to place. His legs were well developed, and flexible, but he seemed to have no knowledge of their usefulness. When sitting on the floor he sat cross-legged. At night, when sleeping, his legs would be drawn up to his thighs, and thighs flexed on abdomen. As he grew older, he did not seem to overcome his aversion to the use of his legs and he began to develop nervous symptoms, that were attributed to *worms*. At this juncture, or when the child was about two years old, his nervous symptoms predominating, his parents consulted a physician, who, unable to find definite cause elsewhere, for his trouble, and finding an elongated foreskin, covering a penis in a state of semi-constant erection, circumcised him. The result was a remission of his nervous symptoms and, at first, an improvement in his general health. But it became necessary for the family to leave the locality where the operation had been performed, shortly after it was completed, and for about two years before I saw him the child had been under no one medical attendant for any continued period of time, the parents thinking that their boy was paralyzed, were content with rubbing his limbs, and trying to encourage him to use them.

When I first saw the case, he could retain neither feces, nor urine, but passed them whenever, and wherever he chose. If he laughed, he was liable to either urinate or defecate; if he cried, the same result was almost sure to follow. The face was pale, anemic; appetite capricious; short, hacking cough; restless sleep; body well developed; abdomen pot-bellied. The parents told me he had been circumcised, and having read Dr. Sayre's articles on "adherent prepuces being the cause of partial paralysis," was much interested in the examination of the penis.



Evidences of previous circumcision were plainly visible, in the clubbed appearance of the foreskin. But I could not detect any corona glandis. The fossa between it and the body of the penis was entirely filled up with cicatricial tissue, and the furrow was completely obliterated. The penis was in a semi-constant state of erection, and he objected most decidedly upon having it examined. I determined that the cicatricial tissue was the essential cause of his inability to use his legs, and that, by reflex irritation, was the cause of his having no control over the sphincter vesicæ et ani. He was placed under the influence of Ether and the cicatricial tissues dissected down to the body of the penis. The cavity was filled with threads of linen, saturated with a solution of Calendula, and each day for a month or six weeks, at any rate until the incision healed from the bottom, this daily dressing of Calendulated threads was wound around the head of the penis, until, when the wound healed, he had a perfect corona; when this was accomplished, the involuntary stools and incontinence of urine ceased. But the action of the lower extremities was the slowest to show any signs of improvement. It is now over eighteen months since the operation was performed, and the general tone of the case has most markedly improved. For the paralyzed condition of the lower extremities, and "slowness in learning to walk," I have given him Brucea antidysenterica<sup>30</sup> (see Lilienthal Therapeutics, vol. ii., p. 133) and after a time followed it with Strychnia phos<sup>30</sup>.

These two remedies are bringing him to such a condition, that he can raise his feet four and one-half inches from the floor, whereas when I first saw him he could not raise them from the floor *at all*. He can walk at the present date six steps alone, whereas when I first saw him it was all he could do to support his weight on crutches. He continues to have perfect control over both sphincters vesicæ et ani, and has lost in a most marked degree that erotic nervous condition which was almost second nature to him when he came under my treatment.

In conclusion, I would not wish to be thought an enthusiast on the subject of this article. But my position in the matter is this— I do not believe that enough importance is attached to it, and I am convinced that if we were more on our guard, looking out for a material cause for our nervous symptoms, instead of being so prone to lay the difficulty to worms (that protean myth, in a great majority

of cases,) we would have a new field, and a most satisfactory one, opened up to us, and one in which we might be the instruments for accomplishing much good.

### SURGICAL NOTES.

J. G. GILCHRIST, M.D., DETROIT MICH.

#### EXOSTOSES,

which is spoken of by most authors as an essentially semi-malignant growth, inasmuch as recurrence is always to be expected, is supposed by Dr. Thos. M. Markoe to be clearly benign, if care is taken to remove *all* of the affected part. Thorough removal so that no morbid tissue is left, is the indication, and a cure is thereby promised. He gives three cases which go to establish this. Recurrence had not taken place in over three years.—*Medical Record*.

#### CARBOLIC SPRAY,

whatever may be said of Listerism in general, is being rapidly abandoned. Mr. H. W. Mayo Robson, F.R.C.S., Eng., in Oct. 15th number of the *British Medical Journal*, 1881, gives the result of many experiments made to find an agent with "antiseptic" properties equal to Carbolic acid, minus the objectionable features. After giving an account of experiments with eucalyptus, cojupert, peppermint, and infusion of hay, upon grounds not very clear to the reader, hay is settled upon as the most satisfactory agent. The unprejudiced reader, to say nothing of the opponent of Listerism, will be at a loss to determine in favor of either one of the agents experimented with, the results seeming to be about the same in each instance.

#### GUN-SHOT WOUNDS OF THE INTESTINES,

while serious affairs under all circumstances, may occasionally be of the most grave and extensive character, and yet life be preserved. Dr. J. A. Rafter, Whiting, Kan., relates a case in which the abdominal parieties were extensively torn, the ilium fractured and perforation of the intestines to an extent sufficient to give free exit to the intestinal contents, and in which full recovery took place.—*Medical Record*.

#### ANCIENT LUXATION OF THE THIRD CERVICAL VERTEBRÆ,

of four months standing, was successfully reduced, by Dr. Landon Carter Gray, of Brooklyn N. Y., by extension, counter-extension and rotation. The operation was wonderfully successful, but it is of a character that forbids the attempt by medical men indiscriminately.—*An. Anat. and Surg.*

## →\*MEDICINE\*←

### CAN BAPTISIA CUT SHORT TRUE TYPHOID FEVER?

D. DYCE BROWN, M.A., M.D.

This question is an extremely important one, and one not easily decided. For when a case presenting symptoms like the early ones of typhoid get well in a comparatively short time, it is difficult to prove that they were cases of genuine typhoid. Dr. Hughes (*Manual of Pharmacodynamics*) comes to the conclusion that the fever which is aborted by Baptisia is not true typhoid, but "simple continued fever"—something different from "febricula," and yet not the other, or typhus. Into the arguments pro and con, and the sifting of the evidence on either side of the question, I do not here propose to enter, as this would involve a long paper. I simply relate three cases in which the evidence was, in my opinion, indubitable, that they were cases of true typhoid, and in each of which the disease was cut short by Baptisia. The results of these cases lead me to form the opinion that while Baptisia is not to be reckoned a specific in the sense that it will abort every case of typhoid—for many cases run their regular course in spite of Baptisia—yet that, when indicated, it does sometimes cut short the genuine disease. As to the homœopathic or symptomatic similarity between the early stages of the disease and the pathogenesis of the medicine there are not two opinions.

#### CASE I.

Last summer, during the dry, hot weather, the water-pipes supplying a part of Bayswater burst, leaving many houses in a state of absolute want of water. In one of these houses Miss Y., and the other members of the family, noticed offensive drain smells at this time. She felt ill for some days, had a rigor, and when I saw her the temperature was 102.4°, and all the symptoms of commencing typhoid were present. By the end of the first week one or two spots were perceptible, there was slight diarrhœa, etc.; in fact there was no doubt as to the nature of the case. I had her removed to another house the day after I first saw her. I prescribed Baptisia 1x., two drops every two hours. The case progressed admirably. By the end of the first week the fall in temperature was very noticeable, and on the thirteenth day it was normal, the pulse also normal, and she expressed herself as feeling so well that she wanted to get up. After my visit on that day she was allowed by her friends, most

injudiciously, to read some Australian letters, which so excited her that the temperature at once arose to above  $103^{\circ}$ . Baptisia now failed to check this relapse, and she went on to the twenty-eighth day, when the temperature came down again to normal, and convalescence proceeded as after an ordinary case of typhoid.

Now, in this case, had there been the least doubt of the genuine nature of the disease, this would be dissipated by the occurrence of the relapse, going on to the twenty-eighth day from the commencement of the fever. The relapse was, of course, disappointing to myself as well as to the patient and her friends, but I think that the normal temperature and pulse, with freedom from all symptoms of illness on the thirteenth day, is, in this case, ample proof of the powers of the medicine to cut short the disease, as there can be no doubt, I think, that had not the indiscretion above alluded to been made, Miss Y. would have convalesced from that date.

The failure of the Baptisia to check the relapse is also noteworthy.

#### CASE II.

Quite recently, two young ladies—sisters—were taken ill about the same time with symptoms of typhoid fever, the temperature in both rising to  $103^{\circ}$ , and presenting the well-known symptoms, including diarrhoea, etc. The eruption in both was very scanty, but one or two spots could be detected. Baptisia 1x, every two hours was prescribed for both. The elder one progressed most favorably, but fever ran the usual course of twenty-one days. The younger sister however fared better, and by the eleventh day the temperature was normal, as was also the pulse. The appetite returned, and she was so little pulled down by her comparatively short illness, that I allowed her to be out of bed in two days. She went on thus perfectly well for three days more, when her mother, injudiciously, after having given her a warm bath, took her at once into another room. The result of this was a rigor, and a complete relapse. The temperature went up as high as ever, and in spite of Baptisia, the case went on to the twenty-first day from the commencement of the illness, the temperature falling on the same day as her sister's.

This relapse, though short comparatively, was very unfortunate, as a second time occurring in a case of undoubted typhoid which had been cut short by Baptisia. It, however, in my opinion, in no way invalidates the fact of the patient being perfectly well in all symptoms, including temperature and pulse, till the rigor after the

bath, and the subsequent exposure. The *Baptisia* did not *check* the relapse, though it was a comparatively short one. Had there been any doubt as to the genuineness of the case, the fact of her sister's fever going on to the twenty-first day, with all the prominent features of typhoid, would dissipate such doubt.

## CASE III.

This presented some features of much interest, and I therefore give the notes in full as reported by the Junior House-Surgeon at the Homœopathic Hospital (Mr. Frank Shaw).

Alfred Nicholson, aged 18, printer, was admitted at the hospital on February 13th, 1882, under the care of Dr. Dyce Brown.

Patient has always been strong and healthy.

Last Friday evening (Feb. 10th) first complained of feeling unwell; felt languid, had a headache, and went to bed early; but was able to go to his work as usual on Saturday morning. He was, however, obliged to give it up on account of headache and feeling generally ill. He had no appetite, and his bowels were not open. He took four opening pills, and the bowels were moved three times. Motions loose but light in color. He got worse toward morning, and wandered a good deal during the night. On Sunday he was no better, and kept his bed; anorexia and great thirst. Pain across the lower part of his chest. Felt cold and had some rigors.

Was first seen at home on Monday (13th). Tongue coated with thick, whitish fur. Abdomen distended; soft and tender. No spots. Rigors. Complained of intense headache, and feeling cold. Temperature  $105^{\circ}$ ; respiration 40. Some rhonchi to be heard all over chest. Wanders when he sleeps. He is not deaf. *He says that three of the lads working in the same workshop with him have lately (within the last six weeks) had typhoid fever. One has died.*

Patient was sent into the London Homœopathic Hospital the same day. To be kept on milk. Ordered *Arsenicum* 3x., mj. *Baptisia* tinct., mj. every two hours in alternation. A teaspoonful of brandy every two hours; wet linen compress to abdomen.

Feb. 14th.—Temperature,  $104\frac{1}{2}$ ; pulse 112, very soft and compressible; respiration 40; slept five hours during the night, but wandered a good deal. Is very heavy this morning, but can be roused when spoken to. Tongue very coated, except at edges, with brown-white fur. Abdomen full, resonant, tender on pressure. One doubtful, rosy lenticular spot on lower part of chest. Bowels open once; motion of a typical pea-soup character. Urine thick. Dr.

Dyce Brown saw him to-day for the first time. He considered it unnecessary to alternate the Arsenic and Baptisia, and prescribed Baptisia alone in half-drop doses of the mother tincture every two hours. To continue the brandy every three hours.

Feb. 15th.—Temperature,  $100\frac{2}{3}$ ; pulse 108, very soft. Slept three hours during the night. Wandered a great deal, and tried to get out of bed. Bowels moved five times; stools very loose, light and typhoid in character; tongue thickly coated, dry in the centre; urine, sp. gr. 1028, acid. Large quantity of lithates. Ordered Baptisia tinct.,  $m\frac{1}{2}$ , every hour. Continue the brandy.

Feb. 16th.—Temperature,  $100\frac{2}{3}$ ; pulse 108; passed a very restless night; delirious; cough troublesome; expectoration tenacious, and slightly tinged with blood. Tongue cleaning posteriorly, very red and dry at tip; bowels open twice. Ordered Bell. 1x.,  $mij$ . at night if delirious. Continue Baptisia every hour.

Feb. 17th.—Temperature,  $100\frac{2}{3}$ ; pulse 80; respiration 24; better towards yesterday afternoon, became less wandering, and took notice of what was going on in the ward. Delirious again towards night and tried to get out of bed. Passed one stool under him; two actions otherwise. This morning he is sleeping quietly. Tongue cleaner but very dry. Takes his nourishment well. Cough still troublesome. Some ronchi to be heard. Two spots on abdomen. Looks heavy and dull, but pulse is much stronger. Baptisia changed for Arsen. 3x.,  $mj$ . three hours; omit brandy;  $pt$ . Bell. at night.

Feb. 18th.—Temperature,  $99\frac{1}{3}$ ; pulse 56, rather irregular; respiration 36. Has had much better night; slept well; slightly delirious at times. This morning tongue cleaner, moist. Bowels open three times, very loose. One or two fresh spots; cough better. Ordered Ars. 3x.,  $mij$ . three hours,  $pt$ . Bell. at night.

Feb. 19th.—Temperature,  $99\frac{1}{3}$ ; pulse, 56 regular; respiration 32. Slept well for seven hours; not delirious. Bowels open twice, very loose, light. Tongue cleaner, rather dry. Hardly any tenderness of abdomen. Omit Bell.;  $pt$ . Ars.

Feb. 20th.—Temperature,  $99\frac{1}{3}$ ; pulse 48, regular, soft. Much better. Bowels twice moved. Ordered Arsenic 3x.,  $mij$ ., Digital. tinct.,  $mij$ ., three hours in alternation.

Feb. 21st.—Temperature,  $99\frac{1}{3}$ ; pulse 48, soft, compressible. Ordered beef tea thickened with arrowroot.

Feb. 22d.—Temperature,  $99\frac{1}{3}$ ; pulse 48, and stronger; heart's

action good. Has been kept awake at night by a few painful boils in gluteal region. Tongue moist.

Feb. 23d.—Temperature,  $\frac{99.2}{98.4}$ ; pulse 48; slept better; boils easier; tongue more coated, but moist. Bowels not moved. Pt.

Feb. 24th.—Temperature,  $\frac{99.8}{98.8}$ ; pulse 52; did not sleep so well; boils larger and more painful. Bowels not moved. Omit Digitalis, and continue Ars. Tea and bread.

Feb. 25th.—Temperature,  $\frac{99.2}{98.4}$ ; pulse 56; better this morning. Bowels not moved.

Feb. 26th.—Temperature,  $\frac{99.0}{98.4}$ ; pulse 48; slept well. Had an enema this morning, which acted well.

Feb. 27th.—Temperature,  $\frac{99.8}{98.8}$ ; going on well.

Feb. 28th.—Temperature,  $\frac{99.8}{98.8}$ ; complains this morning of slight tenderness on left side of abdomen. Tongue slightly coated. No action of bowels. Nux. xom. 3 gttj. ter die.

March 1st.—Temperature normal night and morning. Ordered fish. Bowels open naturally. Tongue clean.

From this date temperature normal night and morning, and boy has gone on interruptedly well, gaining strength daily, and he may now be considered (March 17th) as quite well.

China 1x., gtt. v., ter die, was substituted for the Nux. vom. on the 4th of March.

This case is interesting in several ways.

1. The illness was so severe on admission as to require the administration of brandy, an unusual necessity so early, but the soft compressible pulse, and his general condition called for it.

2. The case was unmistakably one of true typhoid.

3. The temperature was normal on the morning of the eighth day, and both night and morning on the ninth day.

4. The diarrhœa continued some days after the temperature became normal.

5. The pulse fell down to 48, and continued about that number of beats till he was able to be out of bed, with the exception of a rise to 56, when the boils on the buttock caused a slight rise of temperature. It was on this account that Digitalis was given in alternation with Arsenic. It seemed, however, to have very little effect, except when the pulse became stronger. The heart's action was not weak. As it produced so little good result, the Dig. was omitted after a few days. I had come to the conclusion that in all probability the boy's pulse was naturally a slow one, since at first it was only 112, with a

temperature of 105°. At the date of the conclusion of the report, however (March 17th), his pulse had risen to 80. The slow pulse then must have been the result of the depressing action of the fever poison.

In conclusion, I claim that these three cases are sufficient positive evidence, outweighing any amount of negative evidence, to prove that *Baptisia* can and does cut short certain cases of true typhoid, while, in other cases, for what reason one is ignorant, it only goes the length of mitigating the symptoms, and so rendering the whole illness milder than would otherwise occur. The *special* indications for *Baptisia* are well known, so I forbear entering on this point.—  
*Homœopathic Review.*

### ✦✦ HISTOLOGICAL ✦✦

#### DR. LIPPE'S GROUNDLESS FEARS.

In the "Histological" department of the COUNSELOR, of April 12th, under the heading, "Historical Reflections," Dr. Lippe gave vent to some strange thoughts and forbodings. His reasoning, reduced to logical form runs thus:

1. Thompsonianism flourished in New York, under persecution from the Old-School.
2. Old-School persecution being withdrawn, Thompsonianism was "quelched."
3. Homœopathy has flourished in New York, under persecution from the Old-School.
4. Therefore, the persecution being withdrawn, Homœopathy will be "quelched."

I imagine very few of the readers of the COUNSELOR, who have rightly apprehended the basis and real character of homœopathy, will consent to have it thus put on a plain with Thompsonianism.

A favorite expression among our old-school opponents has been, "Homœopathy will have its day and then pass into oblivion, like Thomsonianism and other humbugs"; and I hardly need remind Dr. Lippe that such a grouping and such predictions have hitherto been promptly denied on our part. If there is one method, better calculated than another, to belittle the school of Hahnemann and to show hollowness of pretension, on the part of its advocates, it is a willingness to have it placed in the same category, on the same level,



with schools or sects in medicine which never had a therapeutic principle, a law of cure, upon which to rest.

No, Sir! *Similia* is an eternal law in medicine; and the art of healing, based on it, will stand whether persecution exist or not—whether the bars to professional intercourse be up or down. Its progress and power in the world are not the offspring of persecution, nor yet of favoring circumstances; but the palpable result of *medical truth* faithfully applied.

In behalf of the vast majority of well informed and faithful followers of Hahnemann, I repudiate the idea that, the perpetuity of homœopathy depends upon the frowns, or caresses, of what, to-day, arrogates to itself the title, “regular medicine.” The wooden framework, the fences, the scaffolding, the tackle, necessary in the founding and building of our temple may be removed—associations and names, useful for protection and distinction in our early years, may pass away, when enemies no longer threaten and our methods are generally adopted—but the essential structure, reared upon *similia*, will stand forever.

It is to be hoped that our literature will not be defaced, nor our friends put to shame, by signs of trepidation, expressions of fear, in view of the fact that our traditional enemies are taking down the bars put up by themselves, and opening the way to a “fair field” and an honorable competition.

Public hospitals, boards of health, and various other institutions, calling for medical wisdom and skill, are opening to us.

Shall we accept the situation, and cheerfully work beside our old-school brethren, and with them, for the good of our race and advancement of medical truth? Or shall we cherish old enmities and hatreds and opposition and sectarianism, and manifest fear and concealment as public light is thrown upon our work?

Fearless and free, yet faithful to what we know to be true, let us welcome investigation and competitive work, and the increasing courtesies manifest in the medical world. \*

### →:‡SOCIETY‡NOTES‡:←

#### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

*To the members of the American Institute of Homœopathy and the general profession:*

The Thirty-ninth anniversary and the Thirty-fifth session of this national body will be held in the New Denison House in Indianapolis, Ind., commencing Tuesday, June 13th, at 10 o'clock, A. M.,

The proceedings will be opened with the address of the President, Wm. L. Breyfogle, M.D., of Louisville, Ky., after which the usual order of business will be carried out.

The titles of the papers to be presented by the different bureaus, so far as they have been reported, cover a range of practical subjects of great importance and daily interest, and have been prepared by well known writers, professors and practitioners of our school.

The Thirty-fourth session was marked by an awakened interest on the part of the members in the advancement of the material prosperity of the Institute, as shown by the attendance and the large addition to the membership.

We have no doubt that the thirty fifth session will be equally as successful in each particular as the one which preceded. As the institute again meets in the west, two years after the successful and enjoyable meeting held at Milwaukee, we are certain that every physician who is a member, and especially those who live west of the Alleghenies, will feel it to be not only a duty but a pleasure to attend this annual session. Whether you are present, or prevented from attending by circumstances beyond your control, you should not forget that the Institute is a representative body and your assistance, in the form of practical contributions and the extension of the membership, is desirable to enable it to maintain this position.

Indianapolis being one of the great railroad centres of the west it can be reached easily from every point. The members of the profession living in the state are prepared, through the Indianapolis Institute of Homœopathy and Dr. O. S. Runnels, chairman of the local committee of arrangements, to give the members of the Institute, and their families, a most hearty and generous welcome, and will do all in their power to make the meeting an occasion of pleasure and profit for those who attend.

The members of the Institute will be accommodated in the following hotels: The New Denison House (terms \$2.50, \$3.00 and \$3.50 per day, according to the location of the room); the Bates (\$2.50 and \$3.00), and the Grand (rates to members \$3.00 and \$3.50 per day, a limited number of rooms will be placed in reserve at \$2.50 per day). Members should notify Dr. O. S. Runnels, of Indianapolis, *in advance*, stating the number of rooms required, price they wish to pay, etc., so that their rooms can be *reserved* for them, and they advised before leaving home, where they have been placed. By giving attention to this matter considerable annoyance, both for the members and the committee of arrangements, will be avoided.

Full particulars in regard to railroads, rates of fare, etc., will be inserted in the regular circular, which together with applications for membership, can be obtained by addressing the secretary.

In behalf of the Executive Committee,  
332 Penn avenue, Pittsburg, Pa.

J. C. BURGHER, *Gen. Sec'y.*

#### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF ILLINOIS.

The Twenty-seventh annual session of the Illinois Homœopathic Medical Association will be held in Chicago, May 16, 17 and 18, 1882. The profession is earnestly requested to attend and assist in making it a profitable meeting. H. M. Hobart, secretary.

#### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.

Physicians who desire to attend the annual meeting of the Homœopathic Medical Society of Michigan, to be held on May 16th and 17th, 1882, at Grand Rapids, Mich., can receive certificates for reduced transportation by applying to the corresponding secretary, Dr. A. B. Grant, Lowell, Mich. Members in good standing will have certificates sent them without their making special application.

#### NORTHWESTERN ACADEMY OF MEDICINE.

The Sixth annual meeting of the Northwestern Academy of Medicine will be held in the Ogden House at Council Bluffs, on Tuesday and Wednesday, May 30th and 31st, 1882. All are urgently requested to be present and to participate in the exercises and discussions. P. J. Montgomery M.D., president, A. P. Hanchett M.D., secretary.

**CENTRAL OHIO HOMŒOPATHIC MEDICAL SOCIETY.**

*Morning Session.*—Convention met in regular session March 2, 1882, in the rooms of State Board of Agriculture at Columbus. Vice-president C. C. White, M.D., in the chair till arrival of President J. C. King, M.D.

The committee on ways and means presented a report in regard to the establishment of prize essays, which was received and laid on the table for future discussion.

The names of Drs. C. Hoyt, of Chillicothe, O., J. M. Christian, of Marion, O., J. P. Hershberger of Lancaster, O., G. D. Grant, of Springfield, O., and A. Castles of Columbus, O., were reported on favorably by the board of censors and they were duly elected to membership in the society.

An interesting paper on "Electro-Therapeutics" was presented by Dr. F. S. Adams, of Columbus, O., wherein was advocated the use of the electric bath as the most satisfactory means of applying either the galvanic or Faradic current.

Dr. Clemmer spoke as to use of electricity in diseases of adipose tissue, especially fatty tumors, and advocated applying positive pole of the battery to the tumor.

Dr. Pulford spoke as to result of the use of electricity in controlling convulsions or abnormal pains during puerperal stages.

On motion the society accepted the proposition of Dr. H. R. Arndt, who offered arrangements for publishing the proceedings and papers of the association in the WEEKLY MEDICAL COUNSELOR.

*Afternoon Session.*—Association called to order by the president. The first order of business was the election of officers, with the following result: Dr. C. C. White, president; Dr. J. W. Clemmer, first vice-president; Dr. J. M. Christian, second vice-president; Dr. W. B. Carpenter, secretary; Dr. E. R. Eggleston, treasurer.

The committee on legislation reported a petition to the legislature (now in session) asking for a fair representation on the contemplated state board of health—said petition was agreed to by the society.

Dr. J. W. Clemmer presented a lengthy paper on Modern Therapeutics, contrasting in vivid colors allopathy and homœopathy as to the modes and results of treatment. No discussion. Adjourned to 7:30 P. M.

*Evening Session.*—A valuable paper compiled by Dr. J. C. King, of Circleville, O., comprising questions and answers from various practitioners in regard to puerperal conditions, was read by the secretary. This was followed by two papers—one by Dr. R. D. Connell entitled, Homœopathy and Its Needs in Central Ohio, and one by Dr. W. H. Pulford on Our Materia Medica.

A license for eight months was granted to Lewis C. Maxwell to practice medicine, he having already attended two courses of lectures.

After a lengthy discussion in regard to prize essays, the whole matter was again referred to the committee.

Four bureaus were ordered to report at next meeting.

After the transaction of some routine business the society adjourned till Sept. 7th, 1882.

W. B. CARPENTER, Secretary.

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✻\*MEDICAL\*MEMORANDA\*✻

**EDITOR'S TABLE.**

Dr. J. C. Proctor has located at Rochester, N. Y.

Dr. H. Knapp has removed from Stockton to Lathrop, Cal.

Dr. A. L. Wooster has removed from Independence to Osseo, Wis.

Dr. W. F. Hocking has removed from Hillsdale, Mich., to Joliet, Ill.

Dr. G. W. Sherbino has removed from Waynesburg to Scottdale, Pa.

Dr. W. C. Jones has removed from Blissfield, Mich., to Randolph, N. Y.

Charles R. Darwin, the famous scientist, died in London, England, on Thursday, April 20, 1882, aged 73 years.

Dr. F. Park Lewis, of Buffalo, N. Y., will, on May 1st, remove his office and residence to No. 188 Franklin street.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.

*Subscription price, Two dollars a year.*

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## →\* MEDICINE \*←

### ON THE USE OF DISINFECTANTS.

A. R. THOMAS, M.D., PHILADELPHIA, PA.

[Extracts from a paper read before the Homœopathic Medical Society of Pennsylvania, 1881.]

The objects had in view in the employment of disinfectants or antiseptics, are, first, that of destroying the various infective matters that may be the means of disseminating disease; and second, that of removing offensive odors, that may or may not contain the germs of disease, or be prejudicial to the health or comfort of the patient or those around him.

As already intimated, the sources of contagious diseases may be either poisonous gases or minute animal or vegetable germs. Any substance, therefore, possessing the power of destroying either of these, may be considered as a disinfectant. A large number may be included in the list, but no one article, however, will be found to possess every quality necessary for a universal disinfectant.

Disinfectants are capable of being divided into three classes: I. Physical agents, heat and cold. II. Volatile or vaporizable substances which attack impurities or disease germs in the air. III. Chemical elements, which act on the diseased body, or the infectious discharges themselves. I shall consider them in the above order.

I. *Dry heat at a temperature of 220° to 250° F.*—It is well known that the above temperature will most effectually destroy all organic germs; hence it becomes a powerful disinfectant, adapted, however, only to a limited use. It may be employed for the disinfection of clothing, bedding, etc., but as large ovens will be required for the employment of this method, it cannot be generally made use of. In

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some of the large cities of England, the boards of health provide large chambers of solid brick-work, capable of being heated to the required degree. The same should be provided in the large cities of our own country.

*Boiling temperature of water.*—Articles of clothing, bedding, etc., may, undoubtedly, be thoroughly disinfected by careful boiling. If soda or corbolic acid be added to the water, the effectiveness of the process will be increased. This method presents certain advantages over the former, being probably quite as effective, and, for most articles, more convenient.

*Cold.*—It is well known that a temperature below the freezing point will destroy many minute organisms, but probably, by no means all. Hence, cold can be employed only for arresting or delaying putrefactive changes, and is of moderate value as a disinfectant.

II. *Chlorine.*—This is one of the most powerful deodorants and disinfectants known. The most offensive odors cannot long exist in an atmosphere containing free Chlorine, while it is highly destructive to all minute vegetable or organic life, or even to the life of higher animals when inhaled in a concentrated form. When continuously inhaled by healthy persons, even in a dilute form, it acts as an irritant to the lungs. It is claimed that its constant use in the hospitals of Paris at one time induced phthisis with many of the patients. For use in the sick room, Chlorine is best obtained from Chloride of Lime. Placed upon the floor in shallow, open dishes, there will be a sufficiently rapid disengagement of the gas to answer the purposes of the sick room. For a more rapid evolution of the gas, any mineral acid may be added in small quantities. The irritating effects of this gas upon the lungs, with its own disagreeable odor, detracts from its usefulness in the sick-room. For unoccupied rooms, passages, water-closets, drains, etc., it is admirably adapted.

*Sulphurous Acid.*—This substance, like Chlorine, possesses powerful disinfecting properties, and being also a gas, its power of diffusing itself into any crack and crevice, renders it admirably adapted to the purpose of fumigating rooms, holds of vessels, or any place that may be tightly closed. It is most readily produced by burning Sulphur or wet brimstone in the room to be disinfected, as will be directed further on.

III. *Carbolic Acid*—This is generally admitted to be one of the best substances for direct application, in solution, to the part or

object to be disinfected. Although it is possible, by means of the spray, to more or less completely fill the atmosphere of a room with a solution of this substance, yet it can never be made to take the place fully of the gaseous disinfectants, Chlorine and Sulphurous acid, for the purposes for which they are usually employed. Solutions of various degrees of strength,—one part in twenty, forty, or sixty of water—are admirably adapted to disinfecting such articles of bedding or clothing, as may be immersed or boiled in the same; for washing furniture, floors, etc., and for the disinfection of instruments, sponges, etc., and for direct application to foul ulcers, suppurating wounds and general personal disinfection.

*Potassa Permanganate.*—This substance forms a very good disinfectant for use by direct application, in solution of one to ten grains in one ounce of water. It may be used for similar purposes as the Carbolic acid, and has an advantage over that, of being without odor. Its powerful coloring properties, however, may be an objection where white goods are to be disinfected.

*Zinc Sulphate.*—In this instance we have one of the most powerful antiseptics and disinfectants known, capable of thoroughly arresting decomposition of animal tissues, it is admirably adapted for the preservation of bodies for the dissecting room. A pint of the saturated solution in a gallon of water, injected into the arteries, will preserve a body for an indefinite period, even in warm weather. Acting only by direct contact, its caustic and corroding properties render it less useful for purposes of personal disinfection than some others. For drains, privies, the excreta of patients suffering from infectious diseases, it is one of the best disinfectants in use.

*Chloralum.*—This substance, which is an impure solution of Chlorate of Aluminum, is a powerful disinfectant, and possesses the advantages of being odorless, non-poisonous and cheap. It may be used for surgical wounds, offensive suppuration, etc. It may be diluted with four to eight times its bulk of water.

*Iron Sulphate.*—From its cheapness and valuable properties, this substance becomes one of the best articles for water-closets, urinals, drains, etc. It may be used in bulk or by means of a saturated solution.

*Charcoal.*—As a deodorizer, this is one of the best known substances, where it may be brought into direct contact with the part or substance giving off the fetor. Finely or coarsely pulverized, accord-

ing to the use to which it is put, it may be used dry when thrown upon masses of decaying vegetable or animal matter, or made into a poultice and applied to gangrenous or other offensive ulcers.

*Quick Lime and Dry Earth*—These articles are never to be forgotten when large masses of decomposing matter are to be disinfected. They should be used freely, and renewed from time to time. Street dust will often afford a convenient form of dry earth, especially in the country. Privies are, perhaps, as well disinfected by these substances as by any others.

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*Platt's Chlorides*.—This is a new preparation recently introduced, and is said to be a saturated solution of the Chlorides of Zinc, Lead, Calcium, Aluminium, Magnesium and Potassium. It is an odorless solution, and is said to possess wonderful disinfecting, deodorizing, and antiseptic properties. For general use in the sick-room it may be diluted one part to ten of water, and sprinkled freely over the bed, carpet or floor. Cloths may also be wet in this solution and suspended in the room. This article would appear to possess every quality essential for a universal disinfectant, but it is doubtful if, while more troublesome to prepare, they are any better than ordinary disinfectants.

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#### OBJECTS SUSCEPTIBLE OF DISINFECTION.

*Atmosphere of Sick-Rooms*.—Disinfection of the sick-room should consist, first, in a partial disinfection while occupied, and second, in a thorough disinfection after the room is vacated. The former may be best accomplished by thorough ventilation, occasional wiping up of the floor with carbolized water (carpets should always be removed in cases of small-pox or scarlet fever), and sprinkling the bed with the same, or with diluted Chloralum, or Labarraque's solution. For thorough disinfection of a room it must be vacated; all metallic articles, including pictures with gilt frames, removed; doors and windows carefully closed and made as tight as possible. Clothing or bedding to be disinfected at the same time, should be spread upon chairs etc., in such a manner as to expose all parts as much as possible. Sulphurous acid fumes should now be generated in the room in the following manner: Place one to two pounds—according to the size of the room—of roll brimstone (to be ignited) in an open iron or tin vessel on the floor in the middle of the room on bricks.

The room should remain tightly closed for at least twelve hours. It may then be opened and thoroughly aired. To complete the work, the furniture and floor may be washed in Carbolized water (one part to forty or sixty of water), the ceiling and walls white washed or newly papered, and the wood work receive a coat of paint. A room and its contents thus treated may be considered as thoroughly and safely ventilated.

*Clothing.*—All bedding, with the exception of mattresses, pillows and feather beds, as well as the under clothing of the patient, are best disinfected by thorough boiling in Soda or Carbolized water. Rags badly soiled with discharges, had better be burned. Mattresses, feather beds and pillows can be thoroughly disinfected only by removal of contents and picking the same, while the ticks are boiled. A partial disinfection may be secured by carefully sponging the seams, about the tufts, and the surface generally, with strong Carbolized water (one part to twenty of water). In bad cases, in the absence of facilities for subjecting bedding to high heat, it had better be burned at once.

*Privies, Cesspools, etc.,* may be best disinfected by the free use of Dry Earth, Quick-Lime, or Sulphate of Iron in bulk or strong solution. These should be frequently renewed. In water closets, of course, only liquid or soluble disinfectants can be used. Frequent flushing with water should be employed, and an occasional handful of Sulphate of Iron thrown into the basin. This, slowly dissolving, thoroughly disinfects. The same, or Carbolized soap, may be placed in urinals. The new disinfectant, Platt's Chlorides, should be an excellent article for all these purposes.

#### DISEASES IN WHICH DISINFECTANTS SHOULD BE EMPLOYED.

*Small-Pox.*—From the highly infectious character of this much dreaded disease, in the treatment of every case—even the mildest—every precaution should be employed for preventing the spread of the disease. The most important of these measures will relate to the use of disinfectants. This may be most effectively accomplished by the direct application of the disinfectants to the body and to the various articles and objects in the room. It is generally conceded that gaseous disinfectants in this disease are of little use. The body of the patient should be well anointed from time to time, with Carbolized Oil (one part to twenty of oil), or bathed in diluted Chloralum, or Platt's Chlorides (one to ten or twenty). All rags used about the



patient should be burned. The mattress should be completely covered with a rubber cloth, with the sheet over this. Sheets, pillow-cases, and patient's clothing should be frequently changed. A bucket or tub containing strong Carbolized water or some other disinfectant, should be at hand, into which all clothing should be placed before removal from the room. The physician or nurse should wash the hands with Carbolized soap after every occasion for touching the patient. The "chamber" should contain at all times a small quantity of some disinfectant, and all passages are more safely disposed of by burial than in any other way. If thrown into water closets or privies, care should be taken to strongly and frequently disinfect these. Upon the close of a case of small-pox, either by death or recovery, the room and its contents should be disinfected as before directed.

*Diphtheria.*—The contagious nature of this disease calls for the use of disinfectants in the treatment of every case. While we have no positive knowledge of the source of this disease, and thus are unable to control its origin, we may do much toward preventing the spread of the disease by a judicious use of disinfectants. The air of the room should be to a degree disinfected by some of the volatile or vaporizable disinfectants. The expectoration and excreta should be carefully disinfected and frequently removed. The mouth and throat should be frequently rinsed with Alcohol, solution of Potassa permanganate, or Platt's Chlorides. At the close of a case the room should receive the same treatment as after small-pox.

*Scarlet Fever.*—In the management of this disease, in addition to the measures employed in diphtheria, the surface of the body should be occasionally bathed with some disinfecting fluid, Platt's Chlorides probably being equal to any (one part to ten or fifteen of water). Again, as the epithelial scales given off during desquamation are undoubtedly capable of disseminating the disease, all large patches should be carefully burned, and the dissemination of small patches by floating in the atmosphere prevented by greasing the surface of the body generally with Carbolized Sweet Oil. After a case of malignant scarlet fever, the room, bedding, etc., should be disinfected with the same care as in small-pox.

*Dysentery.*—In this disease, as in all others, great attention should be given to preserving the cleanliness of the patient and bedding, and to keeping the atmosphere of the room pure by thorough venti-

lation, while weak Carbolized water or Platt's Chlorides should be sprinkled about the room, and all passages disinfected in the chamber and removed from the room at once. If thrown into a privy or water closet, these should also be occasionally disinfected by some of the methods before suggested.

*Fevers.—Typhoid, Typhus and Yellow Fever.*—In the treatment of all these fevers pure air and free ventilation are a *sine qua non*. The infective matters are thus diluted and made less likely to influence others. Inasmuch, however, as the discharges from the bowels probably are the great source of the contagion, these should always be carefully and thoroughly disinfected, the bedding and under-clothing of the patient daily changed and immediately thrown into a solution of Carbolic acid or some other disinfectant, the bed and room sprinkled with Platt's Chlorides, and particular care given to the frequent disinfection of the water closet or privy into which the passages may be thrown.

*Cancer, Gangrene, etc.*—He who should attempt the management of these, or other diseases accompanied with offensive discharges, without an intelligent use of disinfectants would fail in half his duty as a physician. The comfort of the patient, as well as of those around, demands a careful employment of these agents: Charcoal poultices, cloths wet in Carbolized water, or Platt's Chlorides, and placed over the diseased part, or vaginal injections in offensive uterine discharges, will overcome the fetor to a great degree, and in many cases render life fairly comfortable, which under other circumstances might be quite intolerable.

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### CLINICAL USES OF KALI IODATUM.

DR. GRUBENMANN,

[Translated for the WEEKLY MEDICAL COUNSELOR, from the German by T. M. STRONG, M.D., Allegheny, Pa.]

This drug has rendered me good service in exudative pleuritis (in empyema and hæmorrhagic pleuritis I have had no experience with it), and in the secondary and tertiary forms of syphilis. Of its influence over the serous exudation in pleuritis we give the following examples:

*Case 1.*—R——, a woman 25 years of age, living in good circumstances, was attacked in the spring with a pleuritis and catarrh of the lungs. She applied to me on May 5th, 1881, after she had been for two months under old school treatment. The following conditions were present. She was in the seventh month of pregnancy;

emaciated and anæmic in appearance, with depression of spirits. Pleuritic exudation on the left side, reaching up to the third rib in front and the spine of the scapula behind; dullness on percussion and absence of respiratory sounds. The heart was displaced slightly to the right, with a catarrhal secretion at the apices of the lungs. The dyspnoea, which was due to the compression of the left lung, was moderated by lying quiet. On account of the extreme debility the patient can not sit up without help and must be supported during the examination. Nightsweats, loss of appetite, thirst. Fever had been present for several weeks and ranged in the morning and evening temperature below  $38^{\circ}$  to  $39.5^{\circ}$  C. Pulse 108. Kali iod., 2-4 centes., was given three to four times a day, with the result that in the first fourteen days the fever began noticeably to decrease, and in another fortnight, the severe annoying cough was lessened, and the watery exsudate yielding slowly. In the beginning of July this patient gave birth to a strong and apparently healthy child, which however (without any previous sickness) died, in convulsions, on the third day. After her confinement the patient slowly but steadily improved. At the end of July the exsudate still reached to the fifth intercostal space in front and to the spine of the scapula behind, the cough and fever was almost entirely gone. There was also a general improvement in all the symptoms; appetite good, thirst less, as also the nightsweats. From the middle of July the patient was out of bed the greater part of each day. By the middle of August all traces of the cough was gone, the respiratory sounds of the apices of the lung were normal, exudation was still present, at the end of August, in the axilla and at the points of the scapula, but had disappeared completely by the end of September, together with the dullness. The normal respiratory murmur again returned in the hepatized left lung, as well as a sonorous respiratory, and free muscular movement of the left side of the thorax.

*Case 2.*—F. S., a woman 46 years of age, weakened constitution, came for treatment on April 16th, 1881. There was a marked effusion in the right pleural sac, extending to the fourth rib in front and the spine of the scapula behind. The liver was enlarged in its lower portion, and the dyspnoea was extreme. There was a dry cough, but the lung was intact and the fever not high. Her health was fully restored by the end of June.

*Case 3.*—A. St., 23 years of age, a farmer, applied for treatment

on February 16th, 1881. There was an exudation into the right pleura, which extended up to the second rib in front, and the scapula behind. He had been treated for twelve weeks for a catarrhal fever. There was a chronic catarrhal inflammation at the apex of the left lung. The patient was very much weakened and emaciated from night sweats and long continued fever. Kali iod. 2-6, was the chief remedy given, although *Sticta pulm.* was given as an intercurrent remedy for several weeks but without any benefit. The health was fully restored, the respiration rendered easy, the weight increased, the cough disappeared (left lung being normal) and the patient returned to his work in the field.

*Case 4.*—M. B., 15 years of age, a tall, narrow-chested girl. The whole left cavity, even over the clavicle, was filled with an exudation, and over all a tympanitic resonance. The heart was displaced to the right side, so that the left edge of the left ventricle lay in the middle of the sternum; great oppression of breath, continuous, annoying cough and profuse night sweats were present, and in the right lung an extensive bronchitis. The prognosis was unfavorable and the use of the aspirator recommended; but improvement appearing very promptly on the use of Kali iod., the operation was postponed. At the end of two and a half months the patient seemed well, she has continued in good health and has grown to be a strong young woman.

When pleuritis sicca is present, *Sepia* 15-30, has brought about, in several cases, a wonderfully prompt recovery.

I have had but little experience with Kali iod. in croupous pneumonia and pleuro-pneumonia, and have had but slight inducements to try it, since Phosphorous, Tartar emet., Aconite, and Sulphur have always benefited, and, besides, we are not called upon, in our district, to treat many severe cases of pneumonia and pleuro-pneumonia. But I do not doubt the experience which Dr. Kafka has had with Kali iod., brom., and iodine. I gave Sulphur and Phosphorous for four weeks, without any result, in a case of lobular pneumonia with circumscribed pleuritis of the right side and then prescribed Kali iod.<sup>s</sup>, which in twenty-four hours removed the fever, local pain and difficult breathing.

In chronic forms of syphilis, such as gummata, exostoses, ostites, necrosis or abscesses, and so-called tubercular syphilides, Kali iod. has almost always helped, but not in large doses, since I order 3.0 in

distilled water, to be taken every fourteen days. And it is not to be forgotten that a tea or desertspoonful of the watery solution should be taken in warm milk, and not pure or in water, since in my experience the action of the drug in the latter form is not so prompt. This advice arises from the observation that the milk of cows which have been given corresponding doses of Iodine, show a remarkable influence over syphilis.

*Remarks.*—Just as we had finished the translation of this article a young man, age 21 years, Russian by birth, was admitted to the hospital. He had been in this country seven weeks, and had been sick for four weeks. He was treated at the Emigrants Hotel for a “heavy cold with pains in the left side.”

When admitted, January 27th, there was absolute dullness over the left lung and almost the same condition over the lower part of the right one. The heart sounds were heard over a more extended space, but were normal. The pulse was quick and compressible; there was thirst, debility, short breath when sitting up, but no pains. Sulphur followed later by Phosphorous, was given until the ninth day when the following conditions were present: Dry and frequent coughing spells (followed in a day or two by a profuse expectoration of a yellow, slimy, pus-like nature), with pains through the left lung, fever increased, profuse sweatings at night, and every appearance of a rapidly fatal termination. Sulphur, Phosphorus and Sanguinaria, given persistently, did not seem to ameliorate any one of the symptoms, and the patient was growing weaker every day. The appetite always remained good. He could not sit up or lie on the back or right side without coughing, but he had to lie partially propped up and on the left side. The expectoration was so profuse that it was necessary to empty the ordinary expectoration cup several times in twenty-four hours. Such was the general condition on the twenty-second day, when he was given Kali hyd.<sup>o</sup>. This was continued from February 15th until the present writing (April 20th) with this result (which began in forty-eight hours) that while there is no apparent change in the physical condition of the lungs, the general state is as follows: Occasionally a slight cough, no fever or sweats, very little expectoration (of a normal nature), no pains, bowels regular (for a yellow, offensive, profuse, painless diarrhoea which occurred during the above period, Carbo veg.<sup>o</sup>, was given), sleeps well, sits up several hours every day, and when a removal from an upper to a lower floor was necessary,

walked down stairs himself. While I do not think he will ever recover a fair state of health in this climate, I do believe that could he be placed under favorable climate and hygienic influences, and given light occupation as strength returned, that he might maintain a hold upon life for many years.

### A PECULIAR DISEASE OF THE HAND.

W. T. LAIRD, M.D., AUGUSTA, ME.

[Read before the Maine Homœopathic Medical Society.]

In the present paper, I shall briefly describe a peculiar disease of the hand, which is often confounded with erysipelas and palmar abscess. According to my own experience it is of more frequent occurrence than either of the latter, yet no exact description of it can be found in our medical or surgical text-books. It usually attacks laborers, especially those engaged in cutting and storing ice, but is not confined exclusively to any class. The majority of cases occur in the winter or early spring. The predisposing causes are entirely unknown. In no instance has it been possible to discover any trace of scrofula or other constitutional taint. The exciting cause is always a blister or slight abrasion of the skin in the palm, followed by chilling of the hand from handling ice or snow or washing in cold water. The first symptoms noticed are slight pain at the point of injury and stiffness of the fingers. Within twenty-four hours, the hand begins to swell, and by the end of the third day is double its original size, with the fingers stiffly extended and widely separated. This swelling, which is at first hard, but soon becomes cedematous, may also involve the forearm and even extend to the shoulder. The affected parts are hot, very sore and extremely sensitive to the slightest touch. The pain is a dull ache. The skin, although shining from tension, never shows any inflammatory redness, but either retains its natural color, or more commonly is even whiter than normal. A small, superficial abscess forms at the point of injury, discharges its contents and heals in a few days. The constitutional disturbance is slight, consisting only of headache, moderate fever and a feeling of general malaise, and these subside with the termination of the suppurative process. The relief of the general symptoms is not, however, followed by a corresponding improvement of the local trouble. On the contrary, the disease now passes into a chronic stage, which, if not arrested by proper treatment, may con-

time for weeks and even months, without any perceptible change. What the final result would be, if the case were left to the unaided efforts of nature, can only be a matter of conjecture. Doubtless the hand would recover in time, but probably with its functions more or less impaired by long disuse.

Now, what shall we call this disease? It has so little in common with carbuncle, cellulitis, erysipelas and paronychia that no comparison is necessary. It can only be confounded with these maladies through gross ignorance or carelessness. It certainly is not a scrofulous affection. It lacks the constitutional depression and the red lines on the surface, which are characteristic of angeioleucitis. It has been mistaken for palmar abscesses, and deep incisions have been made to liberate pus which never existed; yet this error is easily avoidable, for in the latter "the symptoms are those of violent inflammation, the parts are excessively swollen, of a dark red or livid color and the seat of exquisite pain of a throbbing, pulsatile character. \* \* \* There is always high constitutional excitement, not unfrequently attended with intense headache and even delirium."† With the exception of the superficial abscess, which, as we have already seen, has but little effect upon the general course of the disease, it strikingly resembles *phlegmasia alba dolens*. The appearance of the skin, the character of the pain, the general concomitants and the tendency to become chronic and drag along for months with little or no improvement are the same in both. It is not unreasonable to suppose that two diseases, which resemble each other so closely, have a common pathology. If, therefore, the views of Dr. Robert Lee be accepted that the essential pathological feature of *phlegmasia dolens* is an inflammatory obstruction of the veins, we are certainly justified, by analogy, in classifying this affection as a variety of phlebitis, or, as *phlegmasia dolens* "attacks even men, and is not confined to the lower extremities, the upper being occasionally the seat of the disease,"\* we might perhaps be allowed to call it *phlegmasia dolens* of the hand. This view—that its nature is essentially phlebotic—is also strengthened by the fact that the caustic remedy is one which acts especially upon the venous system. This is Hamamelis. Give internally the 30th or 200th potency and keep the limb constantly wet with a lotion, composed of one tablespoonful

†Gross' Surgery, vol. ii., p. 591.

\*Guernsey's Obstetrics, p. 460.

of the tincture to a quart of water, and you will obtain results surprising to yourselves and exceedingly gratifying to your patients. In this manner I have effected prompt and permanent cures in sixteen cases, including one in which the disease had continued six months, and amputation of the hand had been advised by the former attendants as the last resort.

## \*:SURGERY\*:

### SURGICAL NOTES.

J. G. GILCHRIST, M.D., DETROIT MICH.

#### ŒSOPHAGEAL STRICTURE.

A case of constriction of the œsophagus from swallowing a solution of Caustic Soda, in which nutrition became difficult and very painful, was finally cured by using compressed sponge, which was held in position by an instrument inserted through the mouth. The sponge was held in place for four hours at a time, and at the end of a month all difficulty had been removed, the "œsophagus had resumed its diameter and functions."—*Gaceta Científica de Venezuela*.

#### SUPRA PUBIC LITHOTOMY.

M. Perier, adds two cases to the roll of successful high lithotomies. No sutures were used in the vesical wound, and both cases recovered, as far as the operation was concerned; the second case, a man of 53, dying from renal lesions. The indications for the operation are stated as "excessive volume and hardness of the prostate."—*Le Prog. Med.*

#### GONORRHOËAL SPECIFIC GERMS.

The controversy as to the existence of a specific "spore" or germ in gonnorrhœal pus, has again broken out. A recent number of the *Jour. de Med. and de Chir. Prat.* (Nov. 1881), states a specific microbe has been discovered. It is stated that the effect of Potash permang. is to cause a rapid diminution in number of the germs, from destruction and disintegration. The physical characters are similar to what Salisbury, in this country called the *crypta gonnorrhœica*, and it seems possible that his teaching may be confirmed when experiments, now in progress, are completed.

#### HÆMASTATIC IN EPISTAXIS.

John Kent Spender, M.D., has derived prompt and satisfactory results from the introduction into the bleeding nostril, a rubber



closed tube, on the principle of the inflatable pessary, which is inflated with air, a spring clip, or a regular stop-cock being fitted to prevent collapse. It makes equable and tolerant pressure on every part of the bleeding surface, and is certainly better in every way, than the ordinary method of plugging the nose.—*Brit. Med. Jour.*

#### CARCINOMA OF THE RECTUM.

Dr. C. R. Briddon (Presbyter Hospital, N. Y.), removed the lower end of the rectum and the entire prostate gland for carcinoma, the patient surviving but two days. The age of the patient was 63, and the history of the family showed phthisis, but no cancer. The condition had been of three years standing.—*Med. Gaz.*, March 11, 1882.

#### ARSENIC AND TETANUS.

Dr. Wm. A. Byrd, Quincy, Ill., gives a case of tetanus cured by Fowlers solution of Arsenic. The case is not related with the care and attention to detail that might be desired, but is suggestive, among other reasons, from the fact that Dr. Hodgen (St. Louis), and others have had similar experience. The dose was ten drops once in three hours.—*Med. Surg. Rep.*

#### TRAUMATIC MALIGNANCY.

Mr. Richard Barwell (Channing Cross Hospital, London, Eng.), in a paper, under the above caption, relates two cases of development of malignant disease, very speedily, after traumatism, and quotes one from Sir James Paget. The cases are quoted to show the existence of what he terms a "tumor-diatheasis," in which an injury that calls for plastic deposit, serves as the excitant to the tumor-development, the reparative material being below par in quality, while the quantity is normal.

### →\*SOCIETY+NOTES\*←

#### AMERICAN INSTITUTE OF HOMŒOPATHY.

There has been considerable discussion in regard to the change of place of the meeting of the American Institute of Homœopathy from Richmond, Va., to Indianapolis.

The executive committee states that "information received by the executive committee from Richmond, Va., and from the Hahnemann Medical Society of the Old Dominion satisfies them that the invitation was premature." Prior to the meeting held at Brighton Beach, Dr. Barrett and myself held considerable correspondence with each

other, and with the other homœopathic physicians of Virginia, relative to inviting the American Institute to meet in Richmond at the session of 1882. All but two expressed themselves warmly in favor of the invitation: these two reside in Richmond. At Brighton Beach the invitation was extended to the society by Dr. Barrett as delegate from the Hahnemann Medical Society of the Old Dominion.

The Institute voted unanimously to hold its next session at Richmond after being told that we were few in numbers and could not provide them with a banquet, etc. Now it seems to me that the executive committee ought to have made careful enquiry of the members of the Hahnemann Medical Society of the Old Dominion before taking the say so of anyone not a member of the American Institute.

There are as good accommodations to be found in Richmond as in many northern cities. Measures were being taken to furnish accommodations to *all* the members of the institute, and they would have been well provided for.

As for the Hahnemann Medical Society of the Old Dominion voting to request the institute not to come to Virginia there has never been a quorum present at any regular meeting since 1881, and consequently no business of any kind has been transacted. The whole thing has been the result of petty jealousy, and all whom I have consulted are bitterly disappointed at the result.

We need help and encouragement from the Institute and I claim it rightly belongs to us. A meeting of the Institute in Richmond would help the cause greatly in the South.

There is a good, broad field in the South for homœopathy, and active, energetic men who can come here and not hanker after the flesh-pots of Egypt, can and will succeed.

We want no more men who prescribe tonics, purgatives and blisters to represent homœopathy in Virginia, but men who are fearless enough to prescribe according to the law of the similars, and who, at least, have *read* the Organon.

I do not lay claim to any great ability, but I have succeeded here, and others can do the same.

We wanted the Institute to come here, see the field for itself, and then send the young graduate here. If the Institute wishes to repair the injury done us, let it come to Richmond in 1883 and we will do *all we can* to make them comfortable, and have an instruc-

tive meeting. I much regret that my business will prevent my attendance at Indianapolis, as I would like to see Dr. Barrett and the cause in Virginia righted before the Institute.

M. E. DOUGLASS.

## \*MEDICAL MEMORANDA\*

### EDITOR'S TABLE.

Married.—On April 27th, 1882, Dr. W. J. Martin, to Miss Maud E. Davis, all of Pittsburg, Pa.—Congratulations!

In Dr. P. B. Hoyt's article on Anti-Vaccination the following important correction should be made: In line 18 from top of page 238, the word small-pox should read, *Bovine-pox*.

Wanted: A homœopathic physician, at Meridian, Mo. Favorable openings in other towns of the state, also in many parts of Texas and Alabama homœopathy is gaining ground all along the line. Boericke and Tafel.

Report of the New York Ophthalmic Hospital for the month ending March 31, 1882: Number of prescriptions, 4,872; new patients, 731; patients resident in the hospital, 23; average daily attendance, 181; largest daily attendance, 249.

CHAS. DEADY, Resident Surgeon.

The annual meeting of the Michigan State Homœopathic Medical Society will be held at the Morton House, in the city of Grand Rapids, on Tuesday and Wednesday, May 16th and 17th, 1882.

We are pleased to see the name of Dr. Samuel O. L. Potter, of Milwaukee, Wis., among the graduates (1882) of the Jefferson Medical College of Philadelphia. Dr. Potter received a prize of one hundred dollars, by Henry C. Lea's Son & Co. for the best thesis presented. The subject of the thesis is *Dystalia*.

It appears from statements in German journals that Prince Bismarck's family physician is a certain Dr. Zwingenberg, a homœopathic practitioner. In a recent number of the *Zeitschrift für Homœopathie*, Dr. Villiers states that Prince Bismarck first gained faith in homœopathy at the time that he was ambassador at St. Petersburg, in which city Dr. Villiers was practicing as a homœopathic physician, and effected the cure of a patient in a family with whom Bismarck was closely intimate.—*Chemist and Druggist*.

Prof. J. W. Dowling after a service of twelve years as registrar and dean of the New York Homœopathic College has retired from his deanship on account of the arduous duties connected with his private practice. The faculty and trustees on accepting his resignation passed very complimentary resolutions, which were ordered to be engrossed and presented to the retiring dean as a token of their continued friendship and appreciation of his many years of labor in behalf of the college. Dr. Dowling was elected president of the faculty, and retains his chair of Professor of Physical Diagnosis and Diseases of the Heart and Lungs. Prof. Allen was unanimously elected dean.

The annual meeting of the Clinical society of the Hahnemann hospital was held at the Grand Pacific Hotel Tuesday evening, May 2, Dr. R. Ludlum in the chair.

The report of the bureau of skin diseases was read by Dr. T. S. Hoyne, whose paper was on "Ichthyosis."

By invitation, Dr. T. G. Comstock, of St. Louis, read a paper on Vascular Polyp of the Uterus. Other reports, with morbid specimens, were presented by Drs. Bailey, Wilkins and R. Ludlum, the latter presenting a specimen consisting of the uterus and ovaries which he had recently removed. A general discussion then followed.

The annual election result: Dr. G. A. Hall, president; Drs. E. M. P. Ludlum, J. E. Gilman and T. F. H. Spreng, vice presidents; W. A. Barker and E. S. Bailey, secretaries; Dr. G. F. Shears, treasurer; Drs. D. C. Smith, C. H. Vilas, A. E. Small, W. H. Burt, and T. S. Hoyne, executive committee. The meeting was very well attended, about forty doctors being present.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.  
Articles for publication, books for review, and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.  
*Subscription price, Two dollars a year.*

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## →\*WOMEN+AND+CHILDREN\*←

### ENQUIRIES CONCERNING THE MORTALITY DEPENDENT UPON PUERPERAL CONDITIONS AND THE TREATMENT OF PUERPERAL CASES.

COMPILED BY JOHN C. KING, M.D., CIRCLEVILLE, OHIO.

[For Central Ohio Homœopathic Medical Society, March, 1882.]

Some time ago I sent to each member of our society, and to a few gentlemen who are not members of it, a circular in which I requested answers to the questions propounded in this paper. My object in doing so was to obtain information concerning the mortality dependent upon puerperal conditions, and concerning the treatment of puerperal cases by homœopathic practitioners. Very few, especially of our own members, have seen fit to reply. However, I have received answers from twelve, in all. I am of opinion that puerperal septic disease is less frequent than formerly, owing to improved methods of antiseptic treatment and the care and cleanliness incident thereto; while cases of nervous disease are becoming more numerous. The following reports give support to this opinion. Unfortunately the replies were so few that not enough cases are given to render them of statistical value. The interest of this paper, if any attaches thereto, depends upon comparison of opinions and experience of men in actual and active practice. The paper is not to be considered my own production, except that I am one of the dozen contributors to it. At the same time, the replies I received were not intended for public reading, and they have been so condensed that the authors of various parts must not be held responsible for awkwardness of expression. I beg leave to return thanks to all who have assisted me. They are

page 97, vol. vii., 1882.

as follows: In our own society, Dr. R. D. Connell (ten years practice); Dr. E. R. Eggleston (eight years); Dr. Ralph Morden (six years); Dr. W. H. Pulford (twenty-three years); Dr. H. E. Beebe (nine years); Dr. F. H. Schell (sixteen years), and myself (nine years). From a distance Dr. E. C. Carruthers, of the Pittsburgh Homœopathic Hospital (nine years); Dr. H. R. Arndt, editor of the WEEKLY MEDICAL COUNSELOR, (fourteen years); Prof. E. M. Hale, of Chicago; Dr. J. F. Cooper, of Allegheny City (thirty years), and Dr. J. H. Marsden, author of the latest homœopathic work on obstetrics (thirty-five years). I mention names thus minutely because the value of reports from practice depends largely upon the known integrity and experience of the reporters.

## QUESTION.

Have you ever treated a case of nervous exhaustion or shock following delivery? If so, how many, under what circumstances and with what result? What measures do you take to prevent such occurrences?

DR. MORDEN.—No.

DR. CONNELL.—No, not in the sense of shock such as we have in injuries.

DR. EGGLESTON.—No. Try to obtain control of patients at seventh month, so that, by maintaining functional integrity generally, such occurrences are warded off.

DR. BEEBE.—Case of shock from protracted labor and the use of forceps with an anæsthetic. Prescribe China 1x, perfect rest. No stimulants. Arnica after cessation of China. Complete recovery.

*Case 2.*—Shock from hæmorrhage, treatment as in Case 1. Recovery.

*Case 3.*—Shock from general debility, the result of suffering before and during labor from hæmorrhoids and prolapsus ani. Prescribe China 3x and rest. Recovery.

*Case 4.*—Very nervous temperaments, predisposed to lung trouble. Child born at eight months. After recovering from shock took pneumonia and died ten days after delivery. In all, four cases. One death, and that not due to shock.

DR. COOPER.—Yes. The number and circumstances not recollected. Never lost a case. Treatment—thorough rest and indicated remedy.

DR. CARRUTHERS.—No.

DR. ARNDT.—Yes, two cases, both young women; one primipara,

the other after second confinement. In both cases the attending physician (not myself) had resorted to instrumental delivery to "hurry up" matters. Result—very tedious recovery, the patients getting into what might be called a nervous fever. The primipara I kept trace of for three or four years, but she never fully recovered. Have had a number of cases where I feared shock and depression on account of excessive nervousness and previous grief (loss of husband and two children) which I believe to have been averted by careful prescribing and attention to hygiene during pregnancy, and by scrupulously avoiding interference in cases of tedious labor. In a majority of cases of shock I think the responsibility rests upon a careless, *officious* medical attendant.

DR. MARSDEN.—Never, I think, in my own practice, but two in consultation; one a deformed child, tedious delivery. Immediate treatment by stimulants. Recovery. In all painful labors I give Chloroform to such extent as to abolish suffering. When labor is likely to be unusually protracted I use the forceps before exhaustion, so that I do not encounter shock.

DR. KING.—X—, age 26, third labor. Twins. Patient broken down by hard work and domestic worry. Labor tedious. When birth of second child was announced patient began to tremble, became icy cold, body covered by cold sweat, countenance anxious. Collapse appeared imminent. Administered stimulants and applied external heat. Reaction prompt but final recovery tedious. Have several times successfully met threatening symptoms by indicated remedies.

NOTES.—It will be observed that seven of the reporters have never had cases of shock among their own patients. Several of these gentlemen have enjoyed extensive obstetric practice. It is probable that the condition known to surgeons as shock rarely occurs as a result of labor, unless some serious complication exists—as rupture of the uterus. On the other hand, sufficient nervous exhaustion to cause anxiety is of more or less frequent occurrence. When the tendency to this condition is observed, suitable prophylactic treatment should never be omitted. Some psychical element so frequently enters into the etiology of those cases that special stress should be laid upon mental symptoms when selecting a remedy.

#### QUESTION.

Have you met any severe cases of hæmorrhage during, or imme-

diately subsequent to, gestation? If so, state number, probable cause, treatment and results.

DR. MORDEN.—One. Post-partem. Probable cause : position in which woman was lying and want of contraction of uterus. The patient had a number of pillows under head. I altered the position by elevating the foot of the bed ; removed clots from uterus and gave a few drops of fl. ext. Ergot in a little water. Contraction followed immediately and the flow ceased.

DR. BEEBE.—Five cases. Four due to too hasty removal of membranes and placenta. The other case due to atony of uterus. I have very little confidence in internal remedies, we must act at once. Remove all clots ; introduce the hand, if necessary, into uterus, irritate internal surface and keep up firm pressure externally. If contractions do not follow use hot water. I am opposed to cold water or ice introduced into the uterus. It will do very well externally, I favor it here in any form. I once introduced lumps of ice into the womb, it controlled the hæmorrhage but phlegmasia alba dolens followed, and I believe the ice caused it. Cases all recovered.

DR. EGGLESTON.—One case. Post-partem. Cause: overloaded stomach. Free vomiting relieved almost immediately.

DR. PULFORD.—Two cases. One case, my own wife, died from hæmorrhage just prior to the beginning of labor. Was suddenly attacked with severe hæmorrhage of hot, pale blood. Temperament, nervo-sanguine ; anæmic, debilitated. Used teaspoonful doses of 10 drops of Ferrum aceticum. Called counsel. Treatment approved. Hæmorrhage gradually subsided. The labor commenced with successive pains and terminated in two hours. China 1st cent. was given two hours apart, and judicious diet, but she sank gradually in three days.

DR. CONNELL.—Five cases. Cause: three from injury, one unknown and one from placenta prævia. The first four gave trouble during the greater part of gestation, the last during the last three months.

DR. COOPER.—Have had cases of hæmorrhage occur from accident, also from placenta prævia several times and several times post-partem. Have always induced uterine contractions, either by mechanical means or the indicated remedy. All recovered.

DR. CARRUTHERS.—None severe.

DR. ARNDT.—Have had cases of severe hæmorrhage during ges-

tation, due to injuries (falls, etc.), and several cases the result of unsuccessful efforts to produce abortion. Treatment—Absolute rest and indicated remedies. In one case (my own wife, who had fallen upon a bed-side when in about the seventh month of pregnancy) the flow became unmanageable. I produced labor and saved mother and child, the latter dying in her second year. Have had only one case of severe hæmorrhage following labor. Patient had been under care of a midwife and was in a seemingly hopeless condition. I removed several pieces of placental matter, used severe friction on abdomen, grasping uterus and finally, large doses of Caulophyllum tinct. Flow ceased in due time. Patient made a good recovery, aided by large doses (30 to 50 drops) of China.

DR. HALE.—Ten cases. Concealed hæmorrhage. Turning out clots, ice to abdomen. Ergot, half dr. to dr. External manipulation of abdomen. No deaths.

DR. MARSDEN.—Only one case of alarming, but two or three of troublesome hæmorrhage. I resort to such measures as usually promote contraction. Kneading the uterus, approximating its two extremes by pressure, one hand in vagina and one externally applied. In one case of persistent post-partem secondary hæmorrhage I injected a weak solution of Perchloride of Iron. As a medicine I have generally depended upon Apocynum can. 1x trit., of the bark of the root, about five grains in as many tablespoonfuls of water. A teaspoonful every five, ten or fifteen minutes, according to urgency.

DR. KING.—Several cases of excessive hæmorrhage, but only two dangerous cases.

Case 1.—Sept. 4, 1875. Age 46, fifth child. Found infant born, uterus relaxed, placenta partially adherent. Bed saturated with blood, which also formed a large pool on the floor. Woman unconscious, face pale, extremities cold, no pulsation in radial artery. I called for ice and brandy. External manipulation failed to produce contraction. Inserted hand into uterus and detached placenta; still no contraction. Ice and brandy arrived (a saloon was next door), administered a teaspoonful of latter every three minutes until five doses had been given, after second dose consciousness returned and patient complained of nausea. Gave Ipecac.<sup>s</sup> every few minutes. The ice I broke into small pieces which I inserted into the uterus and allowed to melt there. Contractions followed almost immediately. Patient recovered health and strength in six or seven weeks, while taking China.<sup>s</sup>



*Case 2.*—Age 23. Second pregnancy. Miscarriage at two and one-half months. Placenta adherent. Hæmorrhage profuse. Symptoms of collapse appeared. Inserted fingers into uterus, and by pressing the womb downward by the other hand applied externally to fundus, was enabled to scratch off portions of placenta. Some pieces, however, would not come. The hæmorrhage continuing I gave copious injections of very hot water which produced contractions promptly. Portions of placenta remained but recovery took place without unpleasant symptoms.

NOTES:—Our reporters present only one unfortunate termination. Hæmorrhage is very alarming, but unless the result of placenta prævia, not very fatal. It will be noticed that internal medication is discredited, especially homœopathic medication, and by those who are adepts in the use of potentized drugs. Is it true that of all the tissues the uterus alone responds more readily to mechanical than to dynamic stimuli? Is it true that while we may safely rely upon our attenuations in the treatment of diphtheria and other equally serious affections, we must carry a supply of tinctures and fluid extracts for our obstetric cases? Possibly the truth is that when we become a trifle scared we have more respect for the material that represents the force. However, while we discuss the relative merits of Fluid Extract of Ergot and Ipecac.<sup>300</sup>, it is fortunate that, in most of these cases, the patient may rely upon the *vis medicatrix nature*.

[CONTINUED.]

## ❖+ELECTRICITY+❖

### ELECTRO-THERAPEUTICS.

F. S. ADAMS, A.M., M.D., COLUMBUS, OHIO.

[Read before the Central Ohio Homœopathic Medical Society, March, 1882.]

In accepting the appointment as a member of this bureau I have taken it for granted that I am at liberty to produce a paper upon a subject in which my study and experience has been of a special character, namely: Electro-therapeutics.

There have been, and are, to a certain extent, so many absurd theories and so many extravagant notions in regard to this whole subject, that I shall simply endeavor in this article to give clearly and concisely some of the laws and facts which have been substantiated by experience and by the crucial tests of science, for upon such a basis must rest every superstructure of theory.

Electricity is a generic term which embraces two general forms—static or frictional and current or dynamic. Static, or frictional, signifies the electrical condition of bodies in which electricity remains insulated or stationary, a familiar example of which is the Leyden jar charged by the old fashioned glass cylinder machine. For therapeutic purposes it has been entirely superseded by current electricity, and we shall therefore not consider it.

Current, or dynamical electricity, signifies electricity in motion. It embraces two varieties,—1st, That form called Galvanism, the result of chemical action; and 2nd, Faradic electricity the result of current, or magnetic, induction.

A surprising amount of confusion and misconception exists upon this subject because of the loose nomenclature that prevails. If those, therefore, who are mystified will bear in mind the following points, the matter will be much simplified.

As I have before stated we deal only with two varieties of electricity, viz., the Galvanic, so called after Galvani, its discoverer, and the Faradic, after Faraday, the discoverer of the principle of induction.

The synonyms or the term galvanic are: voltaic, primary, constant and direct.

The synonyms of the term faradic are: induced, interrupted, secondary and electro-magnetic.

A galvanic cell consists usually of two metals and a fluid which attacks one of them.

Electricity is generated on the surface of the metal attacked and passes through the fluid to the other metal, and thence, if there be a conducting medium outside the cell, it returns again to the first.

A galvanic battery consists of a number of these cells so arranged that any, or all, of them can be connected to form a circuit.

A faradic battery consists of—1st, A galvanic circuit, one cell being usually sufficient. 2nd, A helix which is composed of coils of wire surrounding, but insulated from, each other, and an arrangement for automatically interrupting the circuit.

The current from the galvanic cell being passed through the inner coil induces by simple proximity a current in the next coil, the effects of which are somewhat different from those produced by galvanism.

Physically and physiologically, however, it may be regarded as a rapidly interrupted galvanic current of very small quantity but exceedingly high intensity.

Having, I hope, made plain the difference between galvanic and faradic batteries we will now consider the relation of the two currents to physiology and to disease.

The first and most obvious fact noticeable in experimenting with electricity upon living or recently-killed animals, is that it contracts the muscles.

You are probably aware that the frog has been a martyr to the science of electro-physiology for almost a century. Experiments made chiefly upon this useful member of the Batrachian tribe have revealed the following very interesting facts:

When a mild current of galvanism is passed through a nerve, the instant the current is closed (that is, connected with the subject), all the muscles supplied by that nerve contract, but very quickly relax to their previous condition. A medium current will cause a contraction of the muscles both at the instant of closing and of opening the circuit. A strong descending current that is passing in the direction of the nerve from its origin towards the periphery, causes a contraction only at the closing of the circuit, whilst a strong ascending current causes a contraction only at the opening. A sudden change of the intensity, by increasing or lessening the current, produces the same results in a lesser degree as closing or opening the circuit. A sudden reversal in the direction produces the most violent contraction.

In applying the current to the muscle itself we find that it obeys the same laws in regard to opening and closing contractions but the action is limited to that portion included between the electrodes, whilst, if any portion of the nerve is galvanized, all the muscles supplied by it are affected. It will be perceived, therefore, that electricity immediately excites nerves to perform their functions not by its continuous action but by changes either in direction or degree. The continuous action of a current upon a nerve does, however, have a profound effect upon the capability of that nerve to act from any other stimulus, either natural or artificial.

When a nerve is subjected to a current of electricity, it is thrown into a condition called *electrotomus*, and they are the laws relating to this condition which form the basis of electro-therapeutics. This condition of a nerve called *electrotomus* essentially consists in a change of irritability. If the current is of moderate strength, it is found that the irritability of the portion in the neighborhood of the positive

pole is diminished whilst that in the neighborhood of the negative pole is increased. Somewhere between the poles is a neutral point. If the current is continued for a long time, or is very gradually increased, the neutral point approaches the negative pole until finally the whole nerve is in a condition of diminished irritability. This result is much more readily accomplished when the current is downward, that is, runs in the same direction with the nerve. The irritability is restored or increased by interrupting, reversing, or suddenly changing the intensity. An interruption causes an immediate action of the nerve, which is manifested by contraction of the muscles, but if the interruptions are repeated often enough, the nerve finally refuses to act. In fact, it becomes exhausted as it would if overworked by any other stimulus, natural or artificial, and it is not only interesting but very important to know that the tone and vigor of such a nerve will be speedily restored by a mild, continuous current of galvanism in an upward direction.

Whilst treating sciatica I have frequently observed the various phenomena of electrotonus. I place the positive pole at the sacral region and the negative pole over the point where the nerve makes its exit from the pelvis, and from thence I move it very slowly and firmly down the whole course of the nerve, using a strong current and occupying from a quarter to a half hour in making the descent. If skillfully manipulated the result is that the pain seems to precede the negative pole in its descent until, in the language sometimes used by patients "it is driven out at the foot." But if the current is interrupted or reversed, or the electrode suddenly removed, the pain returns throughout the course of the whole nerve, frequently with increased intensity. The relief obtained continues from two to twenty-four hours and the operation must then be repeated, the number of repetitions necessary to complete a cure depending, of course, on the recency and severity of the attack. It can be readily perceived that it is much easier to excite a nerve to action, and to increase its irritability than to produce the reverse effect. It may be laid down as a general rule, however, that other factors which influence it being equal, a descending current tends to lessen nervous excitability whilst an ascending current increases it.

In studying the electro-physiology of the galvanic system with its numberless centers and intricate ramifications it becomes much more difficult to formulate specific rules, but although there is such a

marked difference between the cerebro-spinal and the ganglionic systems in anatomical construction and functions, we have reason to believe that they respond to the electric current according to the same general laws.

If the cervical sympathetic of an animal be cut, nearly all the muscles of the eye become contracted. The ear is held erect, the quantity of blood in that whole side of the head is decidedly increased, as is also the temperature; the blood-vessels are distended and the arteries beat with more force. By electrizing the cephalic portion of the severed nerve, all of these phenomena disappear, the blood-vessels contracting even beyond their normal calibre.

When the inferior cervical sympathetic ganglia are electrized the pulsations of the heart are greatly increased, while electrization of the pneumogastric diminishes the action of the heart. This is of very little clinical importance, however, because in man it is almost impossible to electrize one without affecting the other.

Electrization of the splanchnic nerves and of their ganglia may either produce peristaltic action of the bowels or arrest it, the former effect being produced by a mild and the latter by a strong current. In this connection it might be well to state that the involuntary muscles contract slower and the contractions continue longer when subjected to the current than do the voluntary muscles, and that they always contract in accordance with their physiological functions. The strength of a current of electricity is dependent upon two factors, quantity and intensity. The quantity depends upon the amount of metallic surface exposed to chemical action, in other words upon the size of the cell. The intensity depends upon the number of cells and, in the faradic current, upon the length and fineness of the wire composing the coils.

I wish to call special attention to a fact which I have observed in regard to the relations existing between the different kinds of nerves and the quantity and intensity of the electric current. Nerves of sensation and special sense respond most readily to a current of high intensity but low quantity, consequently to control them it is best to use either a galvanic battery of many small cells, or a faradic battery with a long coil of fine wire. The motor nerves require a current of medium quantity and intensity such as is obtained from larger and fewer cells, or from a shorter and coarser coil. The ganglionic nerves and nerve centers are most readily influenced by a current

of large quantity and small intensity as may be produced by a few large cells. The faradic current has comparatively little influence over them because of its small quantity, but its degree of effectuality is dependent, within certain limits, upon the coarseness and shortness of the wire composing the coil. In my experience I have found no faradic battery which so perfectly combines these various degrees of quantity and intensity as the five post battery of Kidder, New York.

The effects of general electrization cannot be fully explained by electro-physiological laws, and the various details of the method applicable to any given case must depend largely upon a knowledge previously obtained by experience. For this reason I will give only the general outlines of the method with a very few special indications. The most perfect method is by the electric bath, but as the extensive apparatus necessary for its successful operation is usually possessed only by specialists I will confine my description to the application by sponge-covered electrodes.

General electrization by galvanism is effected chiefly through the nerve centers. One pole should be placed over the solar plexus while the other is passed slowly from the frontal over the apex to the occipital region of the head, then along the inner border of the sterno-cleido-mastoid muscle from the auricle maxillary fossa to the sternum on either side, then from the cervical vertabræ down the entire length of the spine. The whole application should not last over fifteen minutes. When treating the head with galvanism, care should be used to influence both hemispheres equally by keeping the electrode over the median line, otherwise unpleasant symptoms of vertigo and dizziness will likely be produced. For the same reason, a mild current should be used in passing down the border of the sterno-cleido-mastoid muscle, as its effects upon the cervicle sympathetic is transmitted to the hemisphere of the brain on the same side. From the physiological laws before given it is evident that the positive pole is the one to be used over the nerve centers when it is desired to lessen the nervous excitability and also that there should be no abruptness either in the movements of the electrode or in changing the strength of the current. If, however, there is a torpidity of any of the organs, the current should be reversed, at least while the nerves supplying it are included in the circuit.

In general faradization, one pole is placed under the feet or seat and the other is passed not only over the nerve centers as before

described, but over the sides, chest, arms and abdomen as well. The time consumed may with benefit be continued much longer than when galvanism is used. The electrodes should be covered with large, soft sponges, and should be applied with a steady, firm pressure. This application has a powerful effect in equalizing the circulation, but whether by a direct influence upon the vaso-motor nerves or by the mechanical effect of contracting muscular fibers, it is difficult to determine. The direction of the faradic current is of much less importance than is the case with the galvanic.

The negative pole is always more intense in its action than the positive, and frequently there are hyperæsthetic conditions which will not tolerate it. The portion of the body which is the least sensitive to the faradic current is the buttocks, and there I usually place the stationary electrode. At the risk of being accused of empiricism I must say that the results of experience led me to choose the negative pole as the one to be manipulated whenever it can be borne by the patient. Especially in treating the head, when, as is often the case, long applications are necessary, I find that the negative pole is not only more pleasant but also more efficacious in relieving morbid conditions than the positive.

The common idea that applications to the head should be very brief is true only of galvanism. In treating cephalalgia by faradism the current may, if necessary, be passed through the brain for hours with the happiest results, in fact, I make it a point to continue the application after the pain ceases, whether it takes fifteen minutes or three hours. The quality of the current used should, of course, be adapted to the pathological condition. The pain caused by hyperæmia of the brain requires a current of considerable quantity and low intensity which contracts the bloodvessels by its influence upon the sympathetic nerves. If, however, it be a true neuralgia, that is, a hyperæsthetic condition of the sensitive fibers of a cerebro-spinal nerve, a current of high intensity and low quality is most applicable. If a Kidder battery is employed, the electrodes should be connected to the posts A C in the former, and A E in the latter case.

The field which I have attempted to cover in this paper is so vast that I have only been able to barely touch upon a few of the most important points, and will conclude by giving a case which fairly illustrates the effects of general faradization.

Mr. B., age 37, manufacturer, applied to me for treatment March

10, 1879. Symptoms : nervousness, inability to sleep, poor appetite and worse digestion, irritability, subject to profound attacks of the blues from the slightest causes, chronic diarrhœa for many years, immediate and uncontrollable urging to stool whenever excited. Like thousands of other men he had been continually overdrawing his account with nature in order to pile up his bank account, and physical bankruptcy was speedily approaching. I advised daily faradization. He could at first bear only the mildest currents, temporary faintness and nausea immediately ensuing whenever the strength was materially increased. The first noticeable effect of the treatment was improvement in appetite and sleep. After the first week he could sleep nine hours and get up with an appetite for breakfast. In the course of three or four weeks a very decided improvement was noticable in his general tone and vigor. He became less nervous, less irritable, ceased to be worried by trifles, was buoyant in mind and could transact business, to use his own expression, "without friction." In four months the diarrhœa was entirely cured, his weight had increased twelve pounds and he felt perfectly well. During this time the strength of the current used was gradually increased until he took nearly the full strength of a double cell Kidder battery without discomfort. An interesting feature of the case was, that after having fully regained his health, he desired to continue the treatment and, partly as a matter of experiment, I kept it up daily for a year, during which period, and the two years which have elapsed since, he has had no recurrence of the old symptoms.

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→\*THE LIBRARY\*←

A COMPLETE MINOR SURGERY, the Practitioner's Vade Mecum, including a Treatise on Venereal Diseases. By E. C. FRANKLIN, M.D., Professor of Surgery in the University of Michigan, etc. Illustrated. Chicago: Gross & Delbridge; 1882.

The author's large experience as an operator and as a teacher will insure this volume a kindly reception at the hands of his colleagues; the knowledge that a book is based upon actual experience by the bedside, embodying the results of extended personal observation gives a peculiar emphasis to its teaching and secures a respectful hearing even from those who have good reasons for holding views other than those advanced by the author.

Dr. Franklin's Minor Surgery and Vade Mecum aims, as nearly all new books do, to supply a want long felt by that much-quoted personage; the busy practitioner; we cheerfully acknowledge that, in a large measure, this has been accomplished. The book treats upon all subjects belonging to minor surgery, is clear and explicit in its



directions, and is so arranged that the practitioner can easily turn to any subject upon which he desires information.

Helmuth's large work and Franklin's "Science and Art of Surgery" pay no especial attention to minor surgery; hence, a comparison of them with the volume before us is not in order. Gilchrist, whose text-books have been before the profession for some years, has done some excellent work in disseminating among the profession sound views on surgical pathology, and on the value of intelligent medication in the treatment of surgical diseases. Placing the two volumes, *i. e.* Franklin and Gilchrist, side by side it becomes evident that each has a marked individuality of its own, that they often discuss the same topics from different standpoints, and, frequently advocating similar measures, differ none the less in the manner in which they approach final conclusions; in short, they are works which stand to each other not so much in a competitive as in a supplementary relation.

Franklin's *Minor Surgery*, etc., is arranged as follows: Part I. General Surgical Semeiology. Part II. Bandaging and other minor topics as, general and local anæsthesia, means of arresting hæmorrhage, hypodermation, aspiration, catheterism, etc., fractures and dislocations. Part III. Venereal and Sexual Diseases. Part IV. Dietary Table.

The entire work contains 423 pages, is well printed on good paper, is profusely illustrated, and can be warmly recommended to the favorable consideration of the profession.

**LECTURES ON DISEASES OF CHILDREN.** A hand-book for physicians and students by DR. EDWARD HEURCH, Director of the Clinic and Polyclinic for Diseases of Children in the Royal Charils, and Professor in the University of Berlin. New York: William Wood & Co., 1882.

The chief value of this volume lies in the fact that it contains almost exclusively the personal experience which the author has collected during a practice of thirty-seven years and a most extensive dispensary service in the field of diseases of children; the clinical experience is embodied in a series of lectures, copiously and pointedly illustrated by a large number of "cases" from the author's case-book. The book is full of "good things," and deserves careful and repeated reading.

**TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.** Seventeenth Annual Session, 1881.

We do not remember ever having seen a volume of "Transactions" which so richly deserves our congratulations. The reports of all the bureaus are full of practical papers, many of them of too much value not to be reprinted in full. May our Pennsylvania friends continue in well-doing!

**THE INCIDENTAL EFFECTS OF DRUGS.** A Pharmacological and Chemical Hand-Book. By Dr. L. LEWIN, Assistant at the Pharmacological Institute of the University of Berlin. Translated by W. T. ALEXANDER, M.D. New York: William Wood & Co.; 1882.

"The science of *materia medica*, as an essential connecting link between purely experimental investigation and empiricism, receives contributions both from the laboratory and from observation at the bedside. The facts obtained from these sources present in their totality the picture of the typical mode of action of individual drugs.

"But in the therapeutic employment of certain drugs, deviations sometimes occur from the typical and, as one may say, normal action, whose recognition and correct

interpretation are not always easy. A knowledge of them is, however, of great importance to the physician, since they may, in a given case, shed light upon the causes of the unexpected phenomena which show themselves, and also furnish indications to guide him in his practical interference.

"The individual facts bearing on this subject, the phenomena of abnormal drug-action, are widely scattered through medical literature, and are either not at all mentioned, or are only superficially treated of, in text-books on *materia medica* and therapeutics. For this reason I have for a long time occupied myself in collecting and annotating them, and in making additions to their number from my own experience. The result is contained in this work, which will, I hope, not only satisfy practical requirements, but also stimulate to further observations in this direction."

The above, the author's preface shows the plan and aim of the work. To practitioners of the dominant school the book must prove of the greatest value; indeed, it is full of matters of interest to the student of the homœopathic *materia medica* who is wise enough to cultivate an acquaintance with the physiological action of drugs.

The book is printed in best style of the publishers, and will bear close study. \*

**A TREATISE ON DISEASES OF THE EYE;** For the use of Students and General Practitioners. By HENRY C. ANGELL, M.D., Professor of Ophthalmology in the Boston University School of Medicine, etc., etc. Sixth edition. New York and Philadelphia: Boericke & Tafel; 1882. Price, in cloth, \$3.00.

Dr. Angell's concise little treatise on Diseases of the Eye is so generally known that a description of it seems out of place. The sixth edition, although remodeled, nevertheless resembles closely the former editions; it certainly bears marks of the same care and thoroughness which has secured to the book such wide-spread popularity. It will have, and deserves to have, a large sale.

**THE SPHYGMOGRAPH:** Its History and Use as an Aid to Diagnosis in Ordinary Practice. By R. E. DUDGEON, M.D. London: Bailliere, Tindall & Cox. 1882.

In this little brochure Dr. Dudgeon gives an account of the history of pulse-writing, and of the instruments invented for the purpose, pointing out also the usefulness of the sphygmograph in ordinary practice. A full description is given of the instrument invented by Dr. Dudgeon, with special directions for its use.

The little treatise is exceedingly interesting, and the favor with which Dr. Dudgeon's sphygmograph has been received by the profession at large furnishes tangible proof of its excellency. We would recommend this book to the favorable consideration of the profession.

**LEUCORRHOEA, ITS CONCOMITANT SYMPTOMS, AND ITS HOMŒOPATHIC TREATMENT.** By A. M. CUSHING, M.D. Second edition. Boston: Otis Clapp & Son; 1882.

The title-page of this volume is apt to mislead the reader; the book contains nothing whatever on the subject of leucorrhœa and its concomitant symptoms; it deals exclusively with the therapeutics of leucorrhœa. The indications for about one-hundred and seventy-five remedies are given, very fully and satisfactorily, perhaps a little too fully.

To physicians who, on general principles, like books of this kind, we can heartily recommend the one before us; it compares very favorably with similar recent publications.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK, for the years 1881 and 1882. Volume VI. New Series.

Our New York friends have established a reputation for issuing volumes of Transactions which, in literary and scientific value, are not surpassed by those of any similar organization. The successive volumes, collectively, form a library of no small merit—and can be had at the reasonable price of one dollar each, by applying to Dr. Edward J. Coburn, 91 Fourth street, Troy, N. Y. The Society is about to issue volume XVII (1882), containing the proceedings of the semi-annual meeting, held in September 1881, and of the annual meeting, held in February 1882: orders for this volume (cloth, \$2 00; paper, \$1.50) should be sent to Dr. Coburn at an early date.

MATERIA MEDICA AND THERAPEUTICS. Inorganic Substances. By CHAS. D. R. PHILLIPS, M.D. Vol. I. Publishers: Wm. Wood & Co.

→\***SOCIETY NOTES**\*←

**NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY.**

The annual session of the Nebraska State Homœopathic Society will be held at Lincoln, Neb., on Wednesday and Thursday, May 24th and 25th, 1882, and it is very desirable that every homœopathic physician in Nebraska, western Iowa and the territories be present and participate in the deliberations of the meeting.

C. M. DINSMOOR, M.D., *Sec'y*, Omaha, Neb.

**HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF ILLINOIS.**

The twenty-seventh annual meeting of the Illinois Homœopathic Medical Association begun yesterday, May 16, at the Grand Pacific Hotel. The order of business is as follows: Tuesday morning, President Keener's annual address and report of bureau of obstetrics; Tuesday afternoon, bureaus of ophthalmology, otology, materia medica, pathology, physiology and histology; Wednesday morning, bureaus of the diseases of women, clinical medicine, neurology, psychology and electrology; Wednesday afternoon, bureaus of surgery and diseases of children; Thursday morning, bureaus of sanitary science and hygiene, medical legislation, jurisprudence and education, anatomy, pharmacy, statistics, necrology, and medical literature.

→\***MEDICAL MEMORANDA**\*←

**EDITOR'S TABLE.**

Dr. M. H. Chamberlin has removed from Waverly to Waterloo, Ia.

Dr. H. Burrows has removed from El Passo, Ill., to Oberlin, Ohio.

Dr. C. Lippe has removed his office to 68 W. 50th street, New York.

Dr. I. H. Whitehead has removed from Portage to Bowling Green, Ohio.

Dr. R. E. Warner has removed from New Springfield, O., to 54 Anderson street, Allegheny, Pa.

At the annual meeting of the Homœopathic Medical Society of the state of Kansas, the following preamble and resolution was adopted by a unanimous vote,

WHEREAS, After serving for five years as secretary of the Homœopathic Medical Society of the State of Kansas, Dr. J. H. Moseley has decided to remove from our midst; the members of said society hereby

*Resolve*, That our thanks are due to Dr. Moseley for the faithful and able manner in which he has discharged the duties of his office, and that while we part with him with sincere regret we would commend him to the confidence and esteem of the community to which he intends transferring his field of practice.

C. H. HALLOWELL, *Recording Sec'y*.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,

EDITOR.

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## →\*WOMEN+AND+CHILDREN\*←

### ENQUIRIES CONCERNING THE MORTALITY DEPENDENT UPON PUERPERAL CONDITIONS AND THE TREATMENT OF PUERPERAL CASES.

COMPILED BY JOHN C. KING, M. D., CIRCLEVILLE, OHIO.

[For Central Ohio Homœopathic Medical Society, March, 1882.]

(Continued from page 102.)

#### QUESTION.

Have you treated any cases of placenta prævia? How many? How? With what result?

DR. MORDEN.—None.

DR. SCHELL.—One case. Patient had hæmorrhage monthly and sometimes twice a month. Controlled usually by Ipecac. and Hamamelis. Severe flooding at seven and one-half months. I loosened placenta with my finger. The head came down and child was born alive without further difficulty.

DR. BEEBE.—Never had a case.

DR. EGGLESTON.—None.

DR. PULFORD.—Two cases. One partial, one total. The former I dissected off sufficiently to turn and deliver, then dissected off the whole after-birth and closed the uterus with twenty drop doses of Secale. Recovery. The second case, aged 40, was much depleted by five severe hæmorrhages prior the fatal termination, which occurred on the second day after I was called. Found patient severely drained from hæmorrhage just subsiding. Os dilated to size of a quarter. Blood oozing from uterus on least pressure. Pulse, 120. Extremities cool. Decided to wait until next day. Left Ferrum acet. 1x., gtt. ij. each hour. No stimulating food or drink allowed. Next day found

page 113, vol. vii., 1882.

patient calm and without hæmorrhage. Decided to wait another day with strict injunctions to watch patient closely. Was summoned in three hours on account of flooding. Patient conscious but much exhausted. Decided to deliver. Gave Acid. sulph., U. S. P., in water, teaspoonful doses every ten minutes. Administered Chloroform and Ether, equal parts by weight. Raised foot of bed six inches, and proceeded to dissect off one side of placenta, hæmorrhage gently continuing. On gaining admission, as quickly as prudent, I found child's feet, ruptured membranes and brought down feet to mouth of vagina, when a sudden rush of blood took place and patient died in a minute with sobbing and quivering of muscles of face, which was already sallow and death-like. The child remained in the passage seemingly dead, having made no movement since I was called.

DR. CONNELL.—One case. Partial attachment over left side. I ruptured the parts on the right side. Labor rapid. Patient lost considerable blood but recovered nicely.

DR. CARRUTHERS.—None in my own practice.

DR. COOPER.—Two that I remember, both partial. Rest in recumbent posture and medicines given according to symptoms and general condition of patient. Both successful.

DR. ARNDT.—One case. Primipara. Patient puny but in comfortable circumstances. Treatment: Perfect quiet. The frequent paroxysms of severe flooding were controlled by Sabina, tinct. There was a constant dark-colored discharge, often with clots, which I could not check with any remedy. China, tinct., and Cimicifuga were at times given. Gave nutritious diet and put off labor [which frequently threatened to set in and was easiest controlled by small doses of Caulophyllum] until full term. Delivery was rapid and comparatively easy. Mother made a good recovery. Child was emaciated but thrived for a time, then had jaundice, cough, diarrhœa, etc., and died, aged three and one-half weeks.

DR. HALE.—None.

DR. MARSDEN.—Three cases. Treated one partial case by rupturing membranes. The head pressed upon os uteri, hæmorrhage ceased and child was born by natural powers. Patient did well.

*Case 2.*—Had flooded for several weeks occasionally, but severely during my absence from home and under the care of another. Flooded for forty-eight hours previous to my being suddenly and unexpectedly called upon. Os uteri not dilated; no labor pains.

Introduced colpeurynter which arrested hæmorrhage and brought on pains. Urged the pains by use of Ergot, and when the os was sufficiently dilated, ruptured the membranes high, turned the child and delivered safely by the feet. This was a mistake, but I thought the pulse justified the method. The patient experienced extreme shock. I fear from the too sudden emptying of the womb. I had better have left the birth to nature and let the child take its chances. I could not procure stimulants, the case being miles from my office and none accessible. Patient died about an hour after birth of child.

*Case 3.*—In this case, wherein the child, according to symptoms, had died subsequent to a previous hæmorrhage some two weeks before, I gave Apocy. in frequently repeated doses to arrest hæmorrhage; it also seemed to stimulate the womb powerfully. The child and placenta were expelled by the same pain, and the mother did well. The child had evidently been dead some days, but if it had been living I think its chances of continued life would have been as good by this method as by turning.

*DR. KING.*—One case. Aged 28, fourth pregnancy. Os partially covered by placenta. Had been washing from time to time for a number of weeks, during which she had taken China<sup>s</sup> and plenty of nutritious food. Pains came on suddenly. Vertex presentation. Ruptured membranes. Labor rapid. Hæmorrhage profuse at first, checked by rapid descent of head. Immediately after birth of child found placenta in vagina. Good recovery for mother and babe.

*NOTES.*—Of eleven cases reported, two mothers and two children were lost [one of the latter having been dead some days]. In other words, eighty-two per cent were saved. Surely, our reporters have no reason to be ashamed of this record. The treatment of these cases seems to have been quite conservative. The main points, upon which all seem to agree were, first, perfect rest; second, to assist patient to reach full term by proper diet and indication; third, to produce (when necessary) or assist uterine contractions—for this purpose mechanical means and crude drugs were the choice of all, with one exception, perhaps; fourth, to rupture membranes. Turning appears to have been considered a last resort. When called to a case of this kind, one must know just what to do and just where to do it; therefore the above cases merit careful study. I regret that our list of cases is not longer, especially of complete placenta prævia.

## QUESTION.

Have you seen cases of puerperal convulsions? If so, of what nature, how many? Give treatment and results. •

DR. MORDEN.—One case. Epileptiform. Monday morning patient taken with vomiting and severe headache. Called at 10 A. M., prescribed Ipecac. At 11, worse, gave Belladonna because of character of headache. Recalled at 12:30 P. M. Found patient on the floor just recovering from a spasm but not yet conscious. Helped her into bed, when she had another. Prescribed Morph. sulph., gr.  $\frac{1}{2}$ , but it was immediately vomited; repeated prescription in  $\frac{1}{2}$  grain dose, which quieted her for about forty-five minutes, when convulsions returned. Examined and found os dilated to about size of half a dollar. A convulsion during each contraction of uterus, except when under Chloroform, which I began to use about 4:30 P. M. About midnight a living child was born and we relinquished Chloroform. In half an hour the spasms returned and we again administered the anæsthetic and continued it until toward morning. Case seemed to grow worse. Prescribed Chloral hyd. about fifty grains in the course of an hour. Patient then became quiet and convulsions ceased. I gave a few doses of Hydrastis followed by Belladonna 3x, as often as patient roused, all day Tuesday. That night Belladonna aggravations were present and the drug was stopped. No other medicine. Patient recovered, but her hair, which was black, is now almost white, and her memory is considerably impaired.

DR. BEEBE.—One case. Epileptic variety. When called, she had had thirteen convulsions. Os partly dilated. Prescribed Gelsemium 1x. Gave Chloroform and delivered still-born child during sixteenth spasm. She died soon after. I am opposed to Chloroform in convulsions if the woman be plethoric. In a few cases it may do but in the majority I believe it to be detrimental.

DR. EGGLESTON.—None.

DR. PULFORD.—None.

DR. CONNELL.—Five cases. Two were result of albuminuria; three I considered hysterical. All got along, but one was very slow in her recovery. I stick to the principles of homœopathy; using no Morphine, Chloroform, or Chloral. Remedies used were Ignatia, Belladonna, Gelsemium, Caulophyllum, and Lachesis, etc.

DR. CARRUTHERS.—One. Artificial delivery. Death.

DR. COOPER.—Several cases of puerperal convulsions have come

under my notice, and when not apoplectic have generally recovered. Belladonna, Opium, Hyoscyamus, and Stramonium have been the medicines most relied upon.

DR. ARNDT.—Three cases. One of my first cases was kept under an anæsthetic with no very satisfactory results. The other two cases received no anæsthetic and did better. In one *Veratrum vir.* (Wormwood, tinct.) did excellent work. The other case called for *Belladonna*. That remedy lessening the violence and frequency of the convulsions. In the latter case the patient was said to have had "fits" during girlhood. I was about to use forceps when the child was born. Convulsions continued with less violence for about eighteen hours; also delirium of a violent character, intense excitement of arterial system with, *later*, one peculiar symptom: constriction in throat, with terrible burning dryness, of which she complained even in her delirium, *Atropine 4x* was given in place of *Belladonna*, with excellent results. Several hours later the throat symptoms had disappeared. She made a good recovery.

DR. HALE.—Three cases. One before and two after labor. Epi-leptiform. Chloroform. No deaths.

DR. MARSDEN.—Four cases. Two occurred just before delivery. Delivered with forceps; convulsions ceased and did not return.

*Case 3.*—Unmarried girl, seven months pregnant. Thought she had taken some drug to procure abortion. Don't remember medical treatment. After persistence of convulsions throughout the day, delivered with instruments, but spasms continued unabated. Never spoke after invasion. Died during second night.

*Case 4.*—Primipara occurred about thirty-six hours after a still-birth. The most violent paroxysms about every twenty minutes. Pulse, which had been remarkably slow, became very quick and small. Wholly unconscious between paroxysms. Administered Chloroform by inhalation between convulsions. Prescribed *Veratrum vir.*, tinct., gtt. x., to half a tumbler of water—teaspoonful every fifteen or twenty minutes. Injected into rectum one drachm Chloroform in water, but the enema was immediately returned. After this course was begun paroxysms postponed to one hour, then two, then three, which was the last. Patient made a good recovery. On returning home I heard of two other cases which had died within a few miles during same week, under allopathic treatment.

DR. KING.—One case. In consultation. Third pregnancy, seventh



month. Patient had convulsions in each previous labor. Administered Chloroform. Dilated os and delivery followed. Hyoscyamus<sup>s</sup> and Belladonna<sup>s</sup> were the remedies given. Recovery.

NOTES.—The replies to the last question contain details of eighteen cases; in one of these the result was omitted, simply termed unsatisfactory. Of the remaining seventeen, two died. Of the seventeen children four were lost. In fifteen cases the medical treatment is recorded. In six it was strictly homœopathic, all recovered (five of these cases are reported by Dr. Connell). In eight cases the treatment was mixed, two died. In one case, with recovery, the treatment was clearly non-homœopathic. Two gentlemen report all their cases treated by potentized homœopathic remedies. Six gentlemen report departures from attenuated forms of medicine, or dependence upon an anæsthetic. The cases are too few and the details too meager to admit comparison between different forms of treatment, yet a careful study of them will afford material for serious thought.

#### QUESTION.

Have you prescribed for puerperal fever? Number of cases. Treatment. Result.

DR. MORDEN.—No.

DR. BEEBE.—One case. Aconite and Veratrum vir. in low potencies. Charcoal and yeast poultice to abdomen. Recovery.

DR. EGGLESTON.—No.

DR. PULFORD reports case following craniotomy and delivery by hook and forceps, in a woman with deformed pelvis. Symptoms appeared two days after labor. Pulse 120; temperature 102° to 103°; lips fringed with sordes; tongue yellow, edges red; breathing quick; slight delirium; hypogastrium highly sensitive; suppression of milk; urine scanty and high colored; lochia scanty and dark; thirst. Prescribed Aconite tinct., Arnica tinct. aa gtt. j., in half a glass of water. Teaspoonful hour apart, changing every third dose. Marked improvement in two days, followed by Rhus. Well in seven days.

DR. CONNELL.—Three cases. All recovered after some two or three months illness. Remedies Arsenicum, Rhus, Lachesis, Secale, Hepar and Silicea.

DR. CARRUTHERS.—One case. Aconite and Veratrum vir. Recovered.

DR. ARNDT.—Two cases, both in consultation. Lachesis seemed indicated in one, but failed to save the patient. The second patient

had a premonition she would die. At first she had done well, labor being natural. Threatening symptoms appeared several days after birth of child. When I saw her in counsel she was gaily delirious, laughing, smiling, talking incessantly, interrupted by singing of hymns, etc. Suppression of lochia; milk-leg; face stupid, pinched; surface of body comparatively cool to touch with high temperature ( $103^{\circ}$  to  $105^{\circ}$ ). Post-mortem showed extensive inflammation of all the pelvic viscera.

DR. HALE.—Some cases. *Veratrum vir.*, *Baptisia*, *Apis*, *Cantharis*. No deaths.

DR. MARSDEN.—Have only had one case in my own practice. It was brought about by reckless conduct of the patient, in direct opposition to my express directions. I always give *Arnica* after delivery, and avoid as far as possible anything tending to promote septicæmia poisoning, such as operating with defiled hands, etc. The patient referred to was a primipara, remarkably corpulent, had become pregnant illegitimately but afterward, and before the birth of her child, had married her betrayer. Moral or psychical influences had, no doubt, in this case, played a part. Treatment, *Arsenicum*, *Baptisia*, etc. Death. Body passed rapidly into decomposition. I have frequently met with cases of threatening toxæmic disease, but in all other cases have succeeded in keeping them in abeyance, *Arsenicum* and *Baptisia* have usually been my remedies. I have been repeatedly called to see cases in the practice of my allopathic brethren, but generally in articulo mortis and, of course, they generally died.

DR. KING.—Have several times met cases in which threatening symptoms occurred; for instance, pulse 120, temperature  $102^{\circ}$ , as in a case three weeks ago, but have always, save once, been able to check the trouble by using *Aconite tinct.* or *Veratrum vir. tinct.* or *Belladonna 3x*. The fatal case did well until third day when, owing to domestic trouble, she became terribly excited. Her husband remained away from the house several days during which time she grew worse, mental symptoms predominating, until her pulse reached 150, her temperature  $105^{\circ}$ . Upon his return she immediately began to improve and continued better until her father arrived on a visit to her, some three days later. The first day of his visit he suffered from an attack of delirium tremens. This proved too much for her; she became maniacal and shortly after sank into a stupor from which she never recovered. The treatment of her case included many drugs,

crude and potentized, and would, therefore, be unprofitable to relate.

NOTES.—Details, complete or practical, of only nine cases are presented; of these, four died. The strange proportion of nine cases of puerperal fever to eighteen of convulsions is probably accounted for by the fact that only a minority of the former are reported in detail. Yet the same gentlemen who report fourteen cases of convulsions only acknowledge eight cases of puerperal fever. Perhaps the solution of the difficulty is that many cases of incipient puerperal fever are aborted by homœopathic treatment and so are not counted, while all cases of convulsions are included in the reports. To suppose that only malignant or obstinate cases have been presented will explain the high rate of mortality.

[CONTINUED.]

## →\*MEDICINE\*←

### EPILEPSY.

A treatise on epilepsy forms a considerable portion of Dr. Bojanus's work on Operative Surgery. In this work Dr. Bojanus gives the results of his practice in all cases of epilepsy that came before him, and he does this in a thorough and minute manner. No treatise in the whole homœopathic literature can compare with it in these respects.

The total number of cases he treated was 54; of these 22 were cured, 11 left off treatment after having been considerably benefited, 21 only came once.

Of the 22 cured, 10 were males, 12 females; of the males, 3 were children of from nine to fourteen years, of the females 2 were children.

*Case 1.*—A man of 43, of robust constitution, without hereditary predisposition or apparent exciting cause. Ill for a year. No aura. Four or more attacks in the month. Face livid; bites his tongue. *Bufo*°, one dose per diem, continued for four months. After taking the medicine no more fits, and two years later had had no relapse. Cured.

*Case 2.*—A man of 27; robust constitution, no hereditary predisposition; exciting cause: gymnastics. Had had an attack without apparent cause when about 6 years old. Ill for ten years. Aura: timorous, given to start. A power compels him to think of other

things. From four to nine fits in the year, generally at the new moon. Face livid; bites his tongue. Bufo<sup>12</sup>, one dose per diem. The year following had two fits without aura, falling, or loss of consciousness; a slight fit the next year. For twelve years thereafter no fit. Bufo was given for five years, one dose a week. Cured.

*Case 18.*—A woman, aged 34; delicate constitution; no hereditary predisposition; exciting cause; the occurrence of the menses. Ill for twenty years. Aura: flickering before the eyes, feeling of weakness as if about to faint. Fits every week, or one to two fits every third week. Bites the tongue; passes urine. Bufo 12th dec., one dose per diem. Three years afterward had had no relapse. Cured.

*Case 20.*—A boy of 11; pretty strong constitution; no hereditary predisposition or ascertainable exciting cause. Ill six months. Not known if there was an aura. One to four successive fits in one day, once a week. Fit with cry; bites his tongue. Bufo<sup>6</sup>, two doses per diem. No fit after one month. Bufo<sup>6</sup>, one dose per diem. Six months afterward no fit, and two years later no relapse. Cured.

*Case 23.*—A man, aged 63; robust constitution; no ascertainable hereditary predisposition. Excessive drinking the exciting cause. Ill five years. In the aura, some palpitation of heart, determination of blood to the throat with constrictive sensation. Daily fits; bites his tongue. Bufo<sup>6</sup>, one dose daily. Three months afterward fits rarer, without falling or loss of consciousness; seven months afterward fits only once a week, and no fit the last three weeks. Bufo continued all this time, henceforward one dose a week. No relapse a year afterward. Improved.

*Case 25.*—A man of 35; good constitution; without hereditary predisposition or known exciting cause. Ten years ill. No aura. Fits of two kinds; the great fits are chiefly at night; bites his tongue; hurried speech, something intermediate between stuttering and quick speaking. Bufo 12th dec., two doses per diem. In the next two months he had four small fits, which occurred on four successive days; the next three months three fits on three successive days; thereafter for two months he had neither the great nor the smaller fits. After this the patient ceased attendance. Improved.

*Case 30.*—Boy of 15; middling constitution; no hereditary predisposition or obvious exciting cause. Ill for a year. No aura. Fits weekly or fortnightly. Bites tongue, passes water, vomits. Bufo<sup>6</sup>.

In the following two months one fit without loss of consciousness. Not seen thereafter. Improved.

*Case 31.*—Boy of 15; good constitution; no hereditary predisposition or obvious exciting cause. One year ill. Whether aura or not uncertain. Two fits per month. Livid complexion; bites tongue. Bufo<sup>6</sup>. A month afterward a slight fit; after another month no fit. Did not return after this. Improved.

*Case 32.*—Girl of 6; robust constitution. No hereditary predisposition; no ascertainable exciting cause. Ill one year. No aura. Two fits per month: bites tongue; passes urine. Bufo<sup>6</sup>, one dose daily. Two months afterward three fits. The following three months two fits without falling or loss of consciousness. During the two next months no fits. Did not come back after this. Improved.

*Case 5.*—Man, aged 28; good constitution. Hereditary and exciting cause not ascertained. Ill since childhood. Aura, anxiety, and confusion of mind. One fit per month, at night and in the morning hours. Fit: marble coldness of extremities; bites tongue. Convulsions chiefly in the upper extremities. Bufo 6th dec., two doses per diem. Five weeks afterward a slight fit. Next three weeks two fits in one day. Salamandra 6th dec., two doses per diem. The next four months no fit, instead thereof, headache. The next six weeks one fit. No fit for five years after this. Cured.

*Case 7.*—Man, aged 65; robust constitution. No hereditary predisposition. Exciting cause: exposure to a steam kettle. Six years ill. Aura, heaviness in head, and stupidity. One fit per month, at various times of the day, more at night. Fit: redness of face, then paleness; bites tongue, Ulceration of nails on hands and feet. Bufo 6th dec., two doses per diem for eight days, then pause for a week. The next two months two fits without loss of consciousness. During the next two months one severe fit. Bufo 12th dec., for a week, then pause for a week, then Salamandra 12th dec. for a week, then pause for a week, then Bufo repeated, and so forth, alternately. No relapse after three years. Cured.

*Case 11.*—Woman, aged 25; robust constitution. Hereditary predisposition. Exciting cause: child-birth, forceps employed, injury to womb (?). Ill four years. Aura. Cries, short convulsions, protrusion of tongue. One, sometimes four, fits per month; fifty-two to fifty-four fits in a year. Convulsive movements chiefly on the left side. Face dark red, livid, swollen. Bufo<sup>9</sup>, and Salamandra<sup>9</sup>,

two doses per diem, each for a week, and a week's interval between each, for seven months. Fits slighter and rarer, thereafter no fits for seventeen years. Cured.

*Case 4.*—Man, aged 50; robust constitution. No hereditary predisposition. Exciting cause: suppressed hæmorrhoids (?). Ill three years. At first, yearly one to two fits, afterward every two or three months, always at night. No aura. No biting of tongue. Face livid, swollen, Ecchymoses and petechiæ; erection and seminal emissions. Lachesis<sup>99</sup>, one dose daily. The next six months no fit; hæmorrhoidal bleeding six times. Lachesis 30th dec., and Sulphur 30th dec., one dose weekly, alternately. A month later four hæmorrhoidal bleedings and a fit as usual. Lachesis<sup>99</sup>, for a week in divided doses. The next three months a slight fit, without complete loss of consciousness. The next four months one slight fit. Lachesis continued as above, with weekly pauses. The next five months two severe fits and disappearance of the hæmorrhoidal bleeding. Bufo 12th dec., two doses daily, continued for a long time with intermissions. Since then, for twelve years, no fit, and no bleeding. Cured.—*Homœopathic Review.*

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→\*EYE:EAR:AND:THROAT\*←

CONGENITAL COLOR-BLINDNESS.

It is my belief that a large number, perhaps a majority, of the cases of congenital color-blindness have not their seat in the retina at all, but are cerebral in their character. In other words, I believe that in these cases the brain-center of vision has not the power to differentiate the various impressions it receives. This opinion will seem the more plausible when we remember that the sense of sight is a developed or educated one. Though we have received from our ancestors the potentiality of vision, every child that is born must learn to see for itself. Without here entering into a discussion of the question of the development of the color-sense, which has received much attention at the hands of Mr. Gladstone, Magnus, and others, it is safe to assume, with our knowledge of analogous matters, that the differentiation of colors is a power partly inherited and partly developed in the individual; and, moreover, we should expect to find this power, which is undoubtedly cerebral in its character, most strongly developed where the faculty was most used. And so we do find it. Women, who are much more concerned than men in the

selection and comparison of colors, are rarely affected with color-blindness; and we all know how much quicker the feminine eye is in detecting slight differences in shades of color than is that of men who are not color-blind. In those cases of color-blindness which, for the sake of distinction, we shall call central, we believe that the brain-center of vision has not been developed to its full or at least to its ordinary power for discriminating between the impressions corresponding to the different colors. The retina may be capable of properly responding to these various impressions, and the optic nerve may carry them as separate impressions to the brain-center; but this has not the power of converting them into individual sensations.—Dr. S. M. Burnett, in *Popular Science Monthly* for May.

### →\*SOCIETY\*NOTES\*←

#### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF ILLINOIS.

MORNING SESSION.—FIRST DAY.

The Illinois Homœopathic Medical Association met at the Grand Pacific Hotel in its twenty-seventh annual meeting, H. N. Keener, of Princeton, in the chair, and H. M. Hobart, of Chicago, secretary.

The president opened the session with the delivery of his annual address, of which the following is a synopsis:

*Ladies and Gentlemen:* Believing that, through your co-operation, this will prove to be an interesting and profitable session, I present you a few thoughts on our status. That homœopathy commands a larger share of respectful consideration than at any past period of its history; that we are the observed of all observers, professional, is apparent to the reader of the current medical literature, in the common discussion of medical ethics, or politics as it has been termed. Societies and journals are proposing consultations with us, and the educated of every name. Two notable cases, that of our late lamented president and that of the late Lord Beaconsfield, have contributed more than all else to draw attention to our school in medicine. The discussion, necessarily, has occurred simultaneously in the two hemispheres, and the result has been to give homœopathy a more favorable attention than ever before. While not criticising the modest advisers, nor prepared to say that the result would have been different in the former illustrious patient's case, he would be unworthy of the name of homœopath who did not honestly believe that, under homœopathic treatment, the chances for that splendid physical organization would have been immeasurably increased. With the Prime Minister's medical attendant, the probabilities seem to be that his conduct was to be his public renunciation of homœopathy, as he has followed it with a monograph on "The Laws of Therapeutics."

Everywhere the spirit of liberalism is stirring the old school and municipal bodies to give us equal privileges, and if those who have the honor of representing similia are prudent and diligent in the further elucidation of its unquestionable worth in the alleviation and cure of disease, the days will come when the wishes, hopes, and ambition of our founder will be realized, viz., an open and honorable recognition of his labors by all honest and earnest medical men. Why? Because we firmly believe that our assertions of the superior efficacy of our system of therapeutics have been put to test and found to be correct. We can remember the time when our principles were not accepted by the allopaths, nor were they willing to admit that anything worthy of evidence could come from our Nazareth; whereas, now they acknowledge the four tenets that are the basis for our position in medicine; the law

or rule governing our prescribing for the removal or cure of disease—the proving, in health, of drugs, as a measure of knowing their range of action; the single remedy or simplicity in prescribing, and the smallest dose compatible with the activity of the remedy. Therefore, from without, from every direction, there is encouragement. May it stimulate us to produce other and better evidences of the faith that is within us. Are we ready to believe that our usefulness as a school of medicine is at an end? and, therefore, that no further need exists of a distinctive title as physicians?

Not even to meet this spirit of liberality can we, by any means, see the necessity, at present, of denying our faith by deserting our name. It is an honorable one, made so by our principles and the name of honorable men, especially that of our founder. The ridicule and contempt shown toward Hahnemann by his contemporaries led to our establishment as a separate school in medicine, and its continuance since his days has perpetuated it. We are mindful of the fact that only our treatment is received, and not ourselves as homœopaths. Thanking the advances they have made, which we gracefully accept, we assure them we will double our diligence to earn a heartier acknowledgment. Hence, in the hope of more complete acceptance of our position, which we believe to be essential to the greatest success in the alleviation and cure of the diseases that afflict mankind, do we find defensible grounds for retaining our distinctive title as physicians.

The president then urged upon the profession to preserve intact its former harmony; to avoid the establishment in the same city of two distinct homœopathic societies; called upon the wealthy physicians to leave their wealth for the founding of homœopathic colleges; called for the turning over of one of the insane hospitals of the state to the care of homœopaths, and expressed gratification in the fact that Chicago had become the homœopathic medical centre of this country.

#### AFTERNOON SESSION.

The subjects of ophthalmology and otology were first taken up at the afternoon session. Under this section, Dr. C. H. Vilas, read an interesting paper on the proper adaptation of spectacles. He opened his paper with an exposure of the worship of man for things that cannot be found in their country, as exhibited in the fact that Berlin opticians swore that Colorado pebbles were the best for spectacles; the Chicago optician, the Brazilian pebbles, and so on the world over. The paper then treated of the various kinds of spectacles needed for different kinds of weakness in the eye.

Dr. J. H. Buffum followed with an important paper on sympathetic irritation of the eye, resulting from the presence of a foreign body in the vitreous of the other eye. He illustrated his subject by the relation of a very interesting case in point which he treated.

The next bureau was that of materia medica. Dr. A. W. Woodward, chairman, read a paper written by Dr. Watson, of Geneseo, on "The Proving of Muriate of Iron." The paper opened with the rather discouraging confession that the medical problem of to-day is no longer the pathology of disease, but rather, how can we cure or relieve disease the most speedily and surely, as the difficulty of applying remedies successfully has not been materially lessened by the developments of pathology.

Dr. Leonard Pratt, of Wheaton, read a paper on the efficacy of internal remedies for the cure of caruncalæ in the urethra.

The president then read a brief paper on neuro-hyperdrosis.

Dr. H. P. Stipp, of Lewiston, read a brief paper on his experience of the use of lithium carbonicum in urinary diseases.

The association then adjourned.

#### MORNING SESSION.—SECOND DAY.

The second day's session commenced after 9 o'clock Wednesday morning, President Keener in the chair.

The bureau of clinical medicine taken up. Dr. N. F. Cooke opened the proceedings with the reading of a very interesting paper on the discoveries and methods of Declat, the celebrated Paris physician. The writer warmly vindicated Dr. G. D. Beebe in reference to his conviction, which he had adhered to to the day of his death, to the effect that he had found a remedy for cancer and all kinds of parasite diseases, by the use of carbolic acid. It had never been suspected that the dangers resulting from its use were to be in any way charged to the use of carbolic acid, but simply to the terrible impurities with which it was uniformly contaminated. The



failures accompanying its use were not chargeable to the great French surgeon who had discovered its use, but to those who had presented a spurious article. The writer then proceeded to refer to the revolution that had attended the discoveries of Declat, and gave a brief resume of the celebrated physicians' career, of his acquaintance with Pasteur, and of the progress the two discoveries made side by side. In 1861, Dr. Declat succeeded in producing phenic acid chemically pure, the difference between which and the bastard phenic, the writer here explained. The genuine phenic, the writer said, being extremely volatile, and was rather an alcohol than an acid—a gas rather than an ether. This introduced into the economy sought every means of escape by the lungs, the kidneys, the skin, etc., and consequently it permeated every tissue, and circulated even through the minutest capillaries. Its action destroyed not only the microcosms which worked injury and death, but was perfectly harmless toward the larger and individually more powerful living organisms, the red corpuscles of the blood. Another important and remarkable discovery made by the two investigators was the discovery that the corpuscles were living beings. If they were not living beings how could they be capable of self-reproduction, of self-multiplication. The fact proved shed a flood of light upon the accumulated mysteries of our experience. Declat, full of confidence in the purity of the agent, after numerous and careful experiments upon animals, upon patients, and upon himself, summoned, as witnesses, the great doctors Maisonnave and Gras, and in the hospital of St. Jean de Dieu, introduced carbolic acid by hypodermic injections. In 1874 Declat published a volume entitled *A Treatise upon Phenic acid Applied to Medicine*. Declat, whom his detractors had sought to silence by using the epithet "Guerisseur," had fully proven his right to the term in its literal acceptation. He bore on his person more decorations from his own and foreign governments in his character of *Guerisseur* than did any other living man.

Dr. Cooke followed the reading of his very interesting paper with the relation of a number of cases which had been successfully treated during the past six weeks by the Declat method.

Dr. Spreng read a paper written by Dr. A. E. Small, on the subject of acute rheumatism.

Dr. W. H. Hall, of Aledo, read a paper on Pernicious Fever.

Prof. J. S. Mitchell, read a paper on Aloes in Chronic Stomatitis Ulcerosa and Intestinal Catarrh. written by A. A. Whipple, of Quincy.

On the adjournment of the meeting the members proceeded in carriages to the Cook County Hospital, where they viewed all the sights and interviewed all the subjects, refreshing themselves, as only doctors can under such circumstances, with an appetizing lunch prepared for their benefit. The members of the homœopathic faculty at the hospital filled the part of hosts, and filled it well.

Shortly after 3 o'clock the association reconvened. The bureau of necrology and electrology, of which Dr. N. B. Delameter is the chairman, was then taken up. Dr. Delameter read a paper on a case of traumatism of the brain, in which the writer showed the importance of being able to distinguish between a cerebral shock or concussion and a compression of the brain.

Prof. Charles Adams read a paper, or rather a report, on fractures treated in the homœopathic department of the Cook County Hospital, between Jan. 1 and the present time.

The bureau on the diseases of women was then declared in order. Dr. R. Ludlam read a paper on *The Relative Frequency of the Diseases of Women in Our Day*.

The bureau of diseases of children was then called upon to report, Dr. H. M. Hobart being chairman, opened with a paper on the use of baths and unctions in the case of scarlet fever. The doctor demonstrated the value of bathing in such cases.

The association then adjourned.

#### MORNING SESSION.—THIRD DAY.

The association met in its third day's session shortly after 9 o'clock Thursday morning.

The bureau of sanitary science and hygiene was called upon to report, and Dr. H. P. Stipp, of Lewiston, read a paper on *Sanitary Education*. Dr. Stipp said that sanitary science offered the widest field, the deepest problems, and the greatest difficulties for the physician to overcome. Among the obstacles to its advancement were ignorance, prejudice, and dishonesty. People needed careful education in sanitary

matters. The great importance of legislatures and of the establishment of boards of health had been already demonstrated. If the people as individuals were educated, they would be better able, as communities, to adopt such reforms as sanitary science disclosed to the seeker. Those who were the most active in this direction were the physicians, the newspapers, the clergy, and the schools. Better use should be made of literature as a means of disseminating the information on the subject of public health. There should be a good supply of good health journals, books, tracts, etc., indorsed by leading sanitarians, scattered through the community. A demand on this subject might be thus created.

A discussion followed, during which Dr. A. E. Small expressed emphatically his want of faith in vaccination as a preventive measure against small-pox.

Dr. Pratt advocated a more united effort in the direction of educating the people on the subject of sanitary reform.

Dr. Barker made a vigorous protest against the use of tobacco and whisky.

Dr. G. W. Foote, of Galesburg, read a paper on Pure Air, Pure Water, and Pure Nutritious Food. The writer said this was the best time to obtain them, in the first days of spring, and with them sunshine and rain, and it well behoved the people to examine their premises and clean away all the filth and refuse that had gathered there during the long and open winter. The writer then gave interesting statistics of various cities as to the increase each year of zymotic diseases, the result of sewer-gas and filth, the sewer-gas being the result of the carelessness of plumbers and builders in the arrangement of houses and pipes. One cause of ill-health were those unornamental cesspools, old barrels and hogsheads, that are sunk into the ground to receive slops. These largely contributed to the production of zymotic diseases. One cause of bad, zymotic-producing air in houses was that the air of most of the city houses was taken from too near the ground. The writer then showed that a very large proportion of all deaths resulted from preventable causes, and gave statistics to prove his assertion.

Dr. W. Danforth, of Milwaukee, made some very eloquent remarks in favor of nature's great disinfectant, the air, and stated that Bridgeport, with its 772 distinct smells, scientifically proved to be such, was a healthier district than the central city wards, and the reason why it was so, as statistics prove to be the case, was that the people in Bridgeport were out of doors more—not confined so much to the close, impure air of modern houses; did not ride in street-cars; in short, lived most of the day in the great temple of the outdoor world, which was disinfected by nature's disinfectant—the air. The common atmosphere was the best sanitarium, and the one God gave us. Let us trust to this air, and the Lord who presided over all would hold the elements of disease in a harmless condition. The best plan for securing pure air in a densely built city was to erect large chimneys one hundred feet high, one on each block. Sewerage alone would not accomplish anything in the way of preventing zymotic diseases, as was shown by the fact that such cities as Canton, China, and other large cities, much larger than Chicago, though they had no sewerage system whatever, were much less affected with zymotic diseases than was Chicago. The trouble was that we did not use the atmosphere as a disinfectant as much as we should do. Dr. Danforth then spoke severely against too much education, against the stuffing of children's brains and the destruction of their physical powers by useless studies for which most of them could have no possible use in after life. The Doctor then drew attention to a very common mistake as to what was healthy Graham bread. Healthy Graham bread, he said, did not mean bread made of bran. Unhealthy white bread referred to that bread made out of flour out of which had been taken all the phosphates by the miller's processes. Healthy Graham bread meant bread made out of all the constituents of the grain of wheat—in short, it was whole wheat bread—a bread more easily digested than the bran bread.

Dr. Sturtevant followed with a few remarks on the same general subject.

Dr. R. N. Tooker read an elaborate and carefully prepared paper on infantile food.

Dr. E. H. Pratt, of Chicago, then read a paper on nerves, and the association adjourned till 2 o'clock.

#### AFTERNOON SESSION.

At the opening of the afternoon session the report of the committee on organization was referred to a special committee, consisting of Drs. Foote, Van Liew, Miller,

Baker, and Kinyon, with instructions to report at the next annual meeting of the association.

The bureau of pharmacy was called upon to report. Its chairman, Dr. C. H. Evans, of Chicago, read a paper on the preparation of phenic acid. The writer stated that phenic acid was obtained from petroleum, and was then rectified by further distillation after treating it with 5 per cent of caustic potash. First, mixture of water and acid passes over, then the acid alone in a state of comparative purity, and the second or third distillation purifies it completely. It then enclimes in rhomboidal, silky needles. The pure acid crystallizes in long needle-shaped crystals, but never in masses. It has no action on litmus paper. It is soluble in distilled water in the proportion of 6 per cent. A specimen which does not respond to these tests is not chemically pure. In its pure state, it changes readily on exposure to moisture, air, and light. The change is preventable, however, by combining it, atom for atom, with sirup or glycerine. It combines with ammonia, making an ammoniacal phenic acid, which is procured by passing a current of very dry ammoniacal gas upon very white phenic acid, and continued until the point of saturation is attained, using heat to liquify the mass during the process. It is also made to combine with sulphur by allowing a current of sulphydric acid to penetrate a dry mass of ammoniacal phenic acid enclosed in a close vessel, from which the air is excluded, thus forming an ammoniacal sulpho-phenic acid. When it is desired to use phenic acid locally, the acid should be mixed with glycerine and water, in the proportion of 10 per cent. It is also said to be of great assistance in superficial burns, when added to oil in the proportion of equal parts.

The bureau being now exhausted the association proceeded to the election of officers for the ensuing year.

Drs. S. P. Hedges, of Chicago; J. E. Gilman, and J. A. Miller were nominated for president, and Dr. Hedges elected by a large majority.

The following officers were then elected.

J. H. Miller, of Abington, first vice-president; Mrs. Julia Holmes Smith, of Chicago, second vice-president; R. F. Hayes, of Freeport, third vice-president; H. M. Hobart, of Chicago, secretary; A. G. Beebe, of Chicago, treasurer; D. S. Smith, of Chicago; R. B. McCleary, of Monmouth; L. Pratt, of Wheaton; A. E. Small, of Chicago; G. W. Foote, Galesburg, board of censors.

Here the bureau of necrology turned up after the manner of dead men, Dr. Van Liew reporting the following deaths in the association during the past year; S. P. Cole, of Bridgeport, Conn; P. H. Hale, of Chicago, and M. C. Dunn, of Bloomington. Resolutions of respect to the deceased members were unanimously passed.

On motion of Dr. Pratt, resolutions of thanks to the railroads, to the proprietors of the Grand Pacific Hotel, to the daily press, to the staff of the Cook County Hospital, and to Hahnemann Hospital were unanimously passed.

The treasurer made his report, of which the following are the totals: Balance on hand last year, \$309.40; received during the session, \$114; paid out, \$20; balance on hand, \$403.40.

The president announced the delegates to other meetings, committees, and bureaus, etc., for the ensuing year.

The association adjourned for one year, to re-meet at Rock Island, Ill.

## →\*MEDICAL+MEMORANDA\*←

### EDITOR'S TABLE.

Dr. A. R. Barrett has left Orange, N. J., and is recuperating his health at his father's at Germantown, Penn.

Owing to sickness in his family, Dr. C. H. Vilas will not be able to make his contemplated European trip this season.

Dr. R. Wilson Carr, of Sedalia, Mo., was elected May 16th, by the city council to the board of health, on a vote of 5 to 3.

Messrs. Boericke & Tafel announce that owing to their increasing business, they have found it necessary to seek more commodious quarters, and are now established at No. 234 Wabash avenue, under Matteson House.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.

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## →\*WOMEN+AND+CHILDREN\*←

### ENQUIRIES CONCERNING THE MORTALITY DEPEND- ENT UPON PUERPERAL CONDITIONS AND THE TREATMENT OF PUERPERAL CASES.

COMPILED BY JOHN C. KING, M. D., CIRCLEVILLE, OHIO.

[For Central Ohio Homœopathic Medical Society, March, 1882.]

(Concluded from page 120.)

#### QUESTION.

Have you ever lost a patient from puerperal causes not enumerated above? If so, state particulars.

DR. BEEBE.—Five cases of puerperal septicæmia, which cannot be included under puerperal fever. Three cases followed accidental abortion at, or about, the eighth week, two terminated fatally. I attributed them to forcible removal of the membranes. We are told by good authority that membranes must be removed or we are apt to have septicæmia. I think there is much more danger from forcible removal. In Case 4, the cause was abrasion and laceration of soft parts from protracted labor. Recovery. In Case 5, septicæmia followed a slight secondary hæmorrhage, on the sixth day, the result of a strain from lifting child. Fatal termination on thirteenth day. All five were treated same as puerperal fever, with vaginal injections of 5 per cent solution of Carbolic acid. Leading remedies Aconite, Belladonna and Veratum vir., low, other remedies as indicated. The two cases lost from abortion in early months were very anæmic. Anæmia, indeed, was the cause of the miscarriage. One had bronchitis, the other malarial fever for weeks before.

DR. CARRUTHERS.—Lost one from septicæmia.

page 129, vol. vii., 1882.

DR. COOPER.—In a list of 201 cases in the last three years, one patient died from exhaustion after a profuse watery diarrhœa, with just as large a discharge from the vagina of a watery, scalding character.

NOTES.—All other answers were in the negative. Of the six cases of septicæmia reported, four died.

QUESTION.

How many still-born children have you delivered? To what cause do you attribute the death of each?

DR. MORDEN.—None.

DR. SCHELL.—One case, from use of Ergotine previously administered. Only time I ever gave it.

DR. BEEBE.—Lost three cases. One from breech presentation, one from puerperal eclampsia, one from asphyxia, result of cord around neck, it was very short and could not pass over the head. Am sorry I did not sever it. In these cases, in two of them especially, I did not work long enough in my endeavors to recuscitate them. I believe in persevering for one hour at least. Do not tie the cord in these cases, sever it and let it bleed. Apply hot and cold water alternately, change from side to side, use artificial respiration, etc. By use of these means I have saved children in past two years that in my early practice would have been lost.

DR. PULFORD.—Delivered three still-born children. One from disease of placenta from allopathic drugging by turpentine. One from rupture of the brain in passage of a primipara, and one from compression of cord.

DR. CONNELL reports two. One the result of a slow, tedious, breech presentation. The second a case of shoulder presentation of the first child in a twin labor. It was a consultation case; was sent for to perform version, which I did [very rare in case of first child of twins]. Both children well developed.

DR. CARRUTHERS.—Two cases. One from premature detachment of placenta, possibly syphilitic; the other an eight month's fœtus, mother worked hard at washtub ten weeks before confinement, from which time no motion was felt.

DR. COOPER.—One from congenital hydrocephalus, three from craniotomy and a number in cases of hip, leg or other unnatural positions.

DR. ARNDT.—Three cases. One from compression of cord, one

from marasmus, due to persistent vomiting on part of mother, one from pulmonary phthisis in the child, the mother being a confirmed consumptive.

DR. HALE.—Seven. Three from breech presentation, difficult delivery of head, [all during the first years of my practice]. Two were evidently dead some days or weeks before labor. Two from tedious instrumental delivery.

DR. MARSDEN.—One case attributed to premature detachment of placenta. Another case was a breech presentation, cord wrapped around neck, large child, some delay in delivery of head. Death due to compression of cord. One child delivered by craniotomy on account of extreme ossification of cranial bones of fœtus and contracted pelvis of the mother; and another subjected to the same operation as a last resort to save the mother's life. It was a case of face presentation, mentoposterior position, and resisted all other efforts at delivery. Of course, I have had other still-births, but they were of such as I had reason to believe had been dead some considerable time before birth.

DR. KING.—Three cases. One, the second child of twins, feet presenting. Delivery tedious owing to atony of uterus. Death from compression of cord. Another case, also from compression. Mother primipara; small pelvis; large child; labor tedious—thirty-six hours; Chloroform; forceps. Should have used instruments earlier. Third case, in consultation, also second child of twins. The attending physician had been attempting to apply forceps to a second bag of waters, mistaking it for the head. I ruptured membranes and the child was born in ten minutes. Must have died before my arrival. Five hours had elapsed since birth of first child.

NOTES.—Of twenty-eight still-births, the probable causes of which are given, one was due to use of Egotine, one from puerperal eclampsia, one to diseased placenta, one to rupture of the brain, two to premature detachment of the placenta, one to hydrocephalus, five to craniotomy, one to marasmus, one to phthisis, two to instrumental delivery and twelve to compression. No doubt we are at fault in not making more persistent efforts to resuscitate asphyxiated children.

#### QUESTION.

Have you seen a child imperiled through neglect or mismanagement immediately after birth (as from non-ligation of funis, etc.)? State cause, methods of relief and results.

DR. SCHELL.—Know of a case (not my own) where child died from hæmorrhage, due to non-ligation of funis.

DR. BEEBE.—Infants are often imperiled from spending too much time in washing, they become chilled and acute catarrh is the result. Use no water the first dressing, simply annoint all over with lard, wipe dry and dress the child, even if not very clean.

DR. EGGLESTON.—In one case, twins died within twenty-four hours, of neglect. Two cases came into my hands, after birth, of non-closure of cardiac foramen ovale. No instructions had been given the nurse, by the attending physician, regarding the position most favorable to its closure. I hold it gross carelessness to neglect such instructions. The cases have reached the ages of 4 and 5, respectively, with the characteristic developments.

DR. CONNELL.—Nothing more than the almost universal neglect to properly clean the eyes, for fear of injuring them. The result often being severe ophthalmia.

DR. COOPER.—Children are occasionally imperiled by hæmorrhage from the cord when it is not securely tied. I have treated several but have seen only one die, and that not my own case. Ligation always stops the bleeding.

DR. HALE.—Two deaths from eclampsia from a too warm bath soon after birth. Three imperiled by the baths, but restored by means of Chloral hyd. (2 to 5 grs.) and Cuprum acet. 6th.

DR. ARNDT.—The habit of washing and dressing children soon after birth is one that should be discountenanced. *The child needs rest.* Have had a number of cases in which the children were evidently exhausted, and where the nurse, in spite of my directions, dressed them very soon. In two instances this programme was followed by the peaceful exit of the child. I am sure that colds, and even inflammation of the lungs, are often the result of exposure during washing. I insist upon being warmly covered and then *let alone* for several hours.

DR. KING.—The life of one child was endangered by hæmorrhage, the result of insecure ligation of cord. In another case, not my own, the cord was left without ligative and alarming hæmorrhage resulted.

NOTES.—The reports on this subject are interesting and convey practical lessons. Of the six deaths reported, with probable causes, two were the result of hæmorrhage from non-ligation. Several cases reported imperiled from same cause. The possibility of death from

neglect of so simple a precaution should preclude all argument in favor of its omission. Four deaths are attributed to early or injudicious bathing. This is an important point that received too little attention from the profession. We too often neglect our duty to the child and permit the nurse to act in accordance with her own sweet will.

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→\***MEDICINE**\*←

**PTELIA TRIFOLIATA.**

J. PRESTON, M.D.

Mrs. B., aged 48. Menstruation ceased three years ago, since which time has been subject to attacks of acute pain, beginning in epigastrium and extending to right hypochondrium. The pain has invariably commenced shortly after midnight, attended with nausea, vomiting of ingesta, constipation. Generally slight jaundice appeared within forty-eight hours of commencement of attack. Swelling and great tenderness in hepatic region. After six to eight days a discharge of dark clotted blood from bowels, with pus, brought entire relief. The attacks recurred with a certain regularity—at intervals of two to three months, for past three years. Last attack commenced 2 A. M., Dec. 10, 1881, with all the above-mentioned symptoms, aggravated, however, to such a degree that the patient had but little sleep for seventy-two hours. Jaundice set in on second day, more pronounced than usual. The acute pain then subsided somewhat, but the swelling in region of liver increased. For the following seven weeks the symptoms were as follows: Anorexia; sleeplessness; frequent emissions at night of small quantities of perfectly colorless urine; yellow-coated tongue; nausea; sour taste and constant thirst; constipation, the fæces discharged every fourth day, consisting of *dark*-colored, hard, irregular lumps. The swelling in region of liver continued, with the most exquisite tenderness to jar or pressure, which caused nauseating pains shooting toward epigastrium. Walking was only possible with an assistant at each arm, while the patient supported the abdomen with both hands. Inability to turn in bed, or to lie in any position except on right side with abdomen supported by a pillow. Pulse varied from 98 in the morning to 104 in the evening. Axilla temperature from 100° in the morning to 101° and 102° in the evening. Circumscribed flushing of cheeks in the afternoon. No perspiration at any time.



After third week emaciation became very marked and proceeded rapidly. No unevenness of surface of liver was discoverable, but the intense pain on pressure precluded thorough examination.

Mental condition was one of quiet resignation. She received at various times the following remedies: Bryonia, Arnica, Nux vom., Arsenicum, Laurocerasus, Kali carb., Sulphur, China, Lachesis, Hepar s. c., with rarely any relief of any of the symptoms.

At the close of the seventh week (Jan. 28, 1882), her condition was indeed grave. Appetite had entirely failed; the emaciation had increased to that extent that the enlarged liver was the first thing that attracted attention at a casual glance at the patient. Her sufferings were greatly intensified by the peculiar constrained position (on right side,) she was obliged to maintain, day and night. At this date, on account of symptoms detailed under caption: "Abdomen—Hypochondria," *Ptelia Trifoliata*, (Nos. 474 to 486, Allen, vol. viii., p. p. 188, 189,) she was given that drug in 6th dilution, a dose every two hours. The attendants on next visit, 9 P. M., reported an improvement after the second dose while at the time the patient was quietly sleeping on *left* side. There occurred a slight rise of temperature the following day, which was the last. The whole of the detailed symptoms disappeared within twelve days. Bowels resumed their functions without the usual critical evacuation and general health remains good up to present date.

#### TAPEWORM REMOVED BY KALI CARB. 3X.

C. E. FISHER, M.D., CORSICANA, TEXAS.

Was called April 17, 1881, to see Frank Hart, railroad laborer, aged 20, who was suffering with a light attack of lobar pneumonia of the left lung, with stitching and shooting pains predominating. Prescribed Kali carb. 3x, every two hours. He took no other medicine—ate freely of milk, rice and grits (ground hominy), and reported much improved the next day. After having taken the fourth powder he felt an uneasiness about the umbilicus, and within twenty-four hours from commencing the Kali carb. the patient passed fifteen feet of tapeworm, since which time he has not been troubled with any symptoms of tænia.

This is the first and only case of tapeworm that I have known to be expelled by other than well-known tapeworm remedies. Did the Kali do the work? I believe that it did, as no other remedies were

given, the patient was not ill enough for his condition to have caused voluntary expulsion of the worm, nor was there any considerable restriction as to the quantity of food taken, consequently starvation did not compel the parasite to hunt other quarters. The only conclusion I have been able to reach, is that the medicine caused the expulsion of the worm.

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“CAN BAPTISIA CUT SHORT TRUE TYPHOID FEVER?”

H. A. STONEX, M.D., ALLEN, MICH.

I was very greatly interested in reading the article in the last number (May 3, 1882,) of the COUNSELOR, “Can Baptisia Cut Short True Typhoid Fever?” Now, the question with me is, Were the cases cited “true typhoid fever”? I ask for information and not from a spirit of controversy.

Last fall it fell to my lot to treat several cases presenting much the same features as those reported in the article mentioned, and did not feel warranted in considering them true typhoid fever, as all the authorities at my command seemed to decide against my so doing.

Flint, in his *Practice of Medicine*, under the head of Typhoid Fever, fourth edition, p. 878, says: “In general, the thermometer in the axilla, shows a daily increase of temperature for the first five or six days. At the end of this period, the temperature at least rises to 103°, Fahr.”

Loomis, in his *Physical Diagnosis*, third edition, p. 226, says: “When your thermometrical observations follow regular diurnal variations, with a rise each day of one degree, \* \* \* you have almost certain evidence of typhoid fever.”

Hartshorn, in his *Essentials of the Practice of Medicine*, third edition, p. 339, says: “The rise from 98.5° (the normal degree) is gradual, during the first four or five days; reaching 104° on the evening of the latter, sometimes 104.5°. An attack of disease in which on the second day the heat in the axilla is as high as 104°, is not typhoid fever. And the same exclusion implies if from the fourth to the eleventh day the temperature falls below 103°.”

Aguin, Raue, in his *Pathology and Therapeutics*, p. 573, under the head of Typhus Abdominalis, Ilio-Typhus, says: “The chill is followed by heat, which keeps a regular, quite characteristic typical rise and fall every day for the first week, in this manner, that the temper-

ature of the body increases from morning till evening one degree, and again falls from evening to next morning one-half a degree. \* \* \* This is so pathognostic a sign of typhoid fever that Wunderlich, who has made the most accurate observations on this score, says: 'In the first week it is so much the rule, that the temperature rises one degree from morning till evening and falls again from evening to the following morning one-half a degree, that we may exclude typhus from our diagnosis, if the temperature amounts already on the first or second day to 40° C. (104° Fahr.), or likewise, if it does not reach within the fourth or sixth day an evening aggravation of at least 39.5°'" (Celsius).

Other authorities might be cited showing that the recognized rule in typhoid fever is for the fever to set in, after a prodromic stage of longer or shorter duration, with a temperature slightly above normal, and with a daily aggravation till it reaches its acme, remaining at which for a time, then begins, in favorable cases, a subsidence of the temperature of greater or lesser rapidity till the normal temperature is reached and convalescence begins.

The cases I had under my charge presented the same peculiarity in temperature noted in the cases spoken of in the article by Dr. Brown, viz., "the highest temperature at the outset with a gradual though not steady decline to the normal standard. Convalescence was rather tedious in three of my cases, who were thoroughly under the influence of the morbid cause, whatever it was; but not nearly so much so as I would have expected were they laboring under the "genuine article." In the three cases that ran a somewhat protracted course, the normal temperature was reached on the morning of the eighth day in one, on the tenth day in another, and as early, if not earlier, in the other; the time was not noted. In one of the above cases a relapse was suffered, but was controlled without difficulty. I considered the relapse as another evidence against the probability of the cases being cases of true typhoid fever. Dr. Brown states that two of his cases, cited in his article, suffered from relapse.

Now, I would enquire, are relapses proper, often or ever found in true typhoid fever? Is it not the generally accepted opinion among the authorities in medicine that the danger to be apprehended is rather of perforation of the intestines and consequent peritonitis than simple relapse?

. It may not be wholly out of place for me to observe that all the

cases that happened to fall under my charge seemed to have contracted the disease by being brought into contact with the case of a young man who was laboring under the disease, called by the attending physician typhoid fever, from the effects of which he died. Two of the three cases mentioned above were related to this young man—mother and sister—and the other was that of a gentleman who sat up with the dead body.

Two other individuals who were taken ill, presenting symptoms leading one to confidently attribute their illness to the same poison, from being brought into contact with the case of the young man who died, recovered without experiencing a protracted run of the fever under apparently appropriate homœopathic treatment. Copious sweating, which was very debilitating, affording no relief, was a prominent symptom in some of the cases. Jaboraudi, low, had such an apparently beneficial influence in controlling this symptom in those who were sick for some time with the fever that I was induced to give it a trial at the outset of the disease in one of the two threatened cases when this symptom was very prominent, and had every reason to be well pleased with the result. I gave, in this case, Jaborandi 3x, especially for the profuse sweating and fever, in alternation with Ipecac 3x, for the nausea and vomiting, every hour, with the apparent effect of cutting the disease short at the very outset; so that, when I expected the young man to be confined to his bed for probably two or three weeks, he was out in four or five days, suffering no relapse.

Days.	CASE 1.		CASE 2.		CASE 3.	
	Morning.	Evening.	Morning.	Evening.	Morning.	Evening.
1st day, - -	101	104				103½
2nd " - -	101¾	102½	102½	103	102¾	103½
3rd " - -			102	102½	103	103½
4th " - -			101½	102	101½	103½
5th " - -		102	101	102¾	102¾	103
6th " - -			100	103¾	101½	101¾
7th " - -			99½	101½	101½	101
8th " - -			98½	101¾	99¾	102
6th " - -			98¾	101¼	99	100½
10th " - -			*99½	99¾		
11th " - -				100¾		
12th " - -				100¼		
13th " - -				100¼		

\*Temperature taken two hours earlier than usual, viz.: 7 A. M.

Fearing that you may possibly think I am not warranted in think-

ing that my cases and those mentioned by Dr. Brown were suffering from the same disease, I send you the thermometrical record of the three cases I have especially alluded to ; which, though not complete, is sufficiently so, I think, to establish, if not their identity, at least, their close affinity.

Now, you may ask, what conclusions do you draw from all this? I would answer :

1. I think there are reasons for entertaining grave doubts, if eminent authorities are to be trusted, as to either the Doctor's or my cases being cases of true typhoid fever.

2. If they were not cases of true typhoid fever then the Doctor has not helped us any in the treatment of that disease in the article he has given us.

3. If his cases *were* true typhoid fever, I feel that I am justified in regarding mine in the same light ; and, as I fail to see wherein his success was greater than mine, I fail to see that Baptisia gave him any very remarkable results ; so that

4. If such is the case, Baptisia cannot be in any sense regarded as a specific for the typhoid fever poison, and should only be given when it is homœopathic to the case, like any other remedy we may employ.

## \*•SURGERY\*•

### SURGICAL TOXÆMIA.

J. G. GILCHRIST, M.D., DETROIT MICH.

[Read before the College of Physicians and Surgeons, of Michigan, May, 1882.]

#### I.

The wide-spread interest in the recent death of President Garfield, from a purely medical point of view, and the character of the argument growing out of the treatment to which he was subjected, has, among other things, revived a discussion that had lately been permitted to die out. Opportunity is thus taken to call attention to the conflicting views prevailing as to the nature and differential diagnosis of some conditions of toxæmia, particularly of surgical significance. It is affirmed, with all the strength of recognized authority, that septicæmia, pyæmia, hectic, traumatic fever, and purulent absorption, are convertible terms, indicating one and the same condition, perhaps, to a certain extent, different stages and degrees of the same morbid action. It would be the height of presumption, in one with

such slender claims to notice as myself, to dispute a statement made with such positiveness, and coming from such unquestioned masters in our art as Bryant and Billroth, were it not for the fact that the surgical profession are not by any means an unit on the question, and names of equal prominence are arrayed on either side. That there is a marked difference in etiology, semeiology and pathology, between septicæmia and pyæmia, none can or do deny; as homœopaths, it is proper for us to enquire if these points of difference are not indicative of distinct forms of morbid action, and be careful that we do not give adherence to either party in the controversy until we have well studied the question, and are prepared to give a reason for the faith that is in us.

For the present month, therefore, I shall invite your attention to a discussion of this problem, with an extension of our enquiry to the relation sustained to either or both of the conditions by tetanus, and possibly to death, from envenomed wounds.

#### I.—SEPTICÆMIA.

Septicæmia, translated liberally, means "putrid blood," and is a condition of impaired nutrition supposably due to the absorption of putrifying organic matter, whether derived from necrotic processes in the neighborhood of the focus of absorption, or introduced from without in the form of minute germs and organisms. There are two essential factors that must be present in every case, viz., a wound or a traumatic condition simulating one, and septic material present for absorption. The phenomena can never be established spontaneously in an uninjured organism, and going more deeply into the subject of etiology, I risk the assertion, that there must be a physiological change in the part, if not the whole organism, antecedent to absorption. A wound in healthy tissue, the individual being in an ordinary state of health, does not have any pathological significance whatever; the wound itself is not only purely accidental, but at once calls into activity forces that are designed to meet just such exigencies, and hence while a condition of hyper-nutrition is set up, it is strictly physiological. Now whether the wound be open to the air or subcutaneous, exercises a very important influence on the result, so far as absorption is concerned. An open wound passes through the following routine in a normal process of healing: First, a stage of so-called quiescence, in which there is an elimination of foreign material, whether it be devitalized organic particles, or material from

without. Second, a stage of active repair, during which lymph is thrown out, new tissue is organized, and new blood-vessels formed. In both of these stages, it will be observed, the physiological phenomenon is one of *excretion*, largely if not entirely. There is comparatively little if any absorption, because there is little if anything to be absorbed. It is manifest, therefore, that if excretion is the normal function in repair, there must be some notable alteration in function when absorption occurs. Hence it is evident, septic absorption is the result of a local change of function pathological in character, and that must be put into operation before the absorption can occur.

In the case of subcutaneous wounds, to some considerable extent, different conditions obtain. There is usually much exudation to be disposed of, blood or serum, and perhaps devitalized organic particles depending upon the character of the injury. Even here, in a healthy functional state, absorption is restricted to septic matter, devitalized and foreign material being ejected if an outlet can be found. In the absence of an outlet, an abscess will form; if absorption of all the exudate does not occur, it undergoes fibrinous organization, as is seen in meningeal effusion in the cranium. As a matter of fact there must be, therefore, even in the case of subcutaneous wounds, some perversion of function before the conditions essential to septic absorption occurs. Even in the primary stage, that of absorption, the absorbents seem to have an elective power, as they reject septic matter. The various tenotomy operations are cases in point, where there is much exudation, even extravasation, and yet repair is secured even without inflammation.

It would be an interesting study to enquire what is the change that this converts an excreting surface into an absorbing one, but our absolute want of definite knowledge, and the conflicting nature of the theories offered, forbids such a discussion at this time. We must concede the facts as they exist, that prior to absorption there must be a reorganized change in local functional activity. This fact established, it would seem as if there is an additional reason for questioning the probability of there being such a thing in nature, as a purely "*local*" disease.

Similar conditions exist in connection with what might be called accidents, even while there is no true wound present. We find more cases of septicæmia in general practice amongst parturient patients

than any other, in which the open sinuses, and torn vessels simulate an open wound. Here again the function of the part is notably excretory, and, if memory serves me, there is some change in bodily function prior to the actual suppression of the discharges. In either case, however, whether medical or surgical, the re-establishment of excretion, at once disposes of the septicæmia, unless too much time has been lost, and the fact seems to throw much discredit upon the authenticity of the facts upon which the doctrine of anti-septic surgery is based. But of this we will speak at length later in the evening, simply remarking at this time, as a fact to be borne in mind throughout the discussion, that repair practically ceases the moment absorption actively commences. Repair means, abundant exudation of formative elements, and active cell proliferation; with a cessation of exudation, there is a lack of material out of which tissue is made, and repair cannot be carried on. Absorption also means this: There is no *local* change, except in obedience to reflex action at the centres of life; it does not come from external agencies (except as exciting causes), but from internal, systemic, functional abnormality. \* \* \*

The effect of this absorption of septic material is to induce local inflammation, consequently disturbed nutrition, and, secondarily, general febrile disturbance and mal-nutrition. In pursuance of my present plan, it is not necessary to go into the question of minute pathology, as would the case if a systematic treatise were projected; it will suffice to call attention to the fact that septicæmia represents a condition of chronic inflammation.

Simon (Holmes' Syst. of Surg., i., p. 60,) thus speaks of the consequences of the retention of putrifiable organic substances: "It needs not to be argued that the due defecation of the body is as important to it as its food. But in the present context the student will do well to reflect particularly on the immense amount and complexity of those molecular changes which silently and almost secretly minister to the defecation; how the material of every acting organ changes in its every act, by waste, as also by removal; how products, which eventually appear more or less oxidized and altered in the breath, and sweat, and urine, and fæces, are uninterruptedly being thus disengaged, and, as it were, moulded from the living textures; how, while the body grows its healthy growth, these declining products are incessantly merging themselves in the blood which washes past their source—merging themselves in it, not as urea and carbonic acid, and



excretion, but in impermanent forms infinitely more complex. Reflecting on these many results of textural drainage, each with its own protean constitution of effete devitalized material, the student will easily conceive how important a mal-nutrition it may be for any of them to remain stagnant among the living substances, instead of continuing its progress to excretion." Does not such a suggestion as our author has given, carry with it a conviction that with excretion practically increased, by the retention of its products, even while it is actually suspended, as far as normal function is concerned, the state of septicæmia must represent one of exaggerated waste?

Whatever the true cause may be, the symptoms and cause of septicæmia are always of a chronic character, and are as follows, in a typical case: There is a sudden rise in temperature, with other symptoms of fever, restlessness, and perhaps a chill or simple suggestion of chilliness at the commencement of the fever; the secretions of the wound, or the discharges from states simulating a wound, become more and more scanty, and in extreme cases cease altogether, or nearly so; the part becomes more or less swollen and œdematous; the course of the lymphatics is marked on the skin by red lines; the nearest gland or system of glands become enlarged and tumefied, and may proceed to suppuration. Emaciation is characteristic, with disturbance of digestion, anorexia and often nausea and vomiting, or a simple disinclination for food. In the case of puerperal septicæmia or lesion in the near neighborhood of serous surfaces, there is likely to be inflammation of such membranes; but in other cases, excepting in very aggravated instances, the mischief is confined entirely to the lymphatics. In the majority of instances the morbid manifestations cease with the suppuration of the glands; but in others it may extend to the veins, and pyæmia result. The symptoms may be studied in two groups, the general and the local. In the former, the nightly rise of temperature, continued fever, progressive emaciation, and gastric disturbance occupy the first rank. The variations in temperature are rarely greater than one or at most two degrees, but at no time, except when a fatal termination is to be feared, does the mercury indicate anything below the normal standard; constant elevation, with nightly rise, is the prevailing characteristic. The pulse is usually above an hundred, prevailingly weak and compressible, the strength of the pulsations not increasing with the rise in frequency. There are no distinct chills, in fact there may be nothing suggestive

of chill from first to last ; usually however, there is a rigor at the commencement of the process, and at irregular intervals afterward, as when superation of the glands occurs. Emaciation is a marked symptom from first to last ; in grave cases the patient seems to melt away, visibly losing weight in the interval between the physicians visits. The mind becomes impaired, not the apathetic state of pyæmia, so much as the more active forms of delirium, aggravation at the periods of maximum heat. There may be sweat, but oftener, the skin is dry and harsh, with a peculiar pungency felt on application of the hand. The bowels are inactive, unless in the later stages of threatening cases, when diarrhœa, more or less involuntary occurs. The urine is scanty, loaded with urea, perhaps albumen, sometimes an evacuation of the bladder occurring but once in twenty-four hours. The whole array of symptoms closely resemble any of the ordinary forms of continued fever, and present nothing pathognomic taken apart from the local state.

### →\*SOCIETY\*NOTES\*←

#### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.

The Homœopathic Medical Society of the State of Michigan met at the Morton House, in the city of Grand Rapids, May 16, 1882. At 10 o'clock A. M. the society was called to order by the president, Dr. H. R. Arndt. An address of welcome was made by Dr. H. Whitworth, of Grand Rapids, to which Dr. T. P. Wilson, of Ann Arbor, replied in his best vein. After the announcement of the standing committees for the year, the bureau of pathology presented its report, consisting of the following papers: Dr. Jones, of Brooklyn, Some Cases from Practice; Dr. J. F. Brown, of Leslie, Carelessness in Making Autopsies; Dr. H. C. Allen, of Ann Arbor, Progressive Pathology; Dr. F. Woodruff, of Detroit, ———.

The afternoon session (Tuesday) was opened at 2 o'clock P. M. The bureau of surgery furnished a paper on Coxalgia, by Dr. Gilchrist, Detroit, and a report by Dr. E. C. Franklin, of Ann Arbor, of several interesting surgical cases from his clinique. The bureau of mental and nervous diseases was represented by Dr. H. Whitworth, who presented an elaborate report on Spinal Anæmia, and by Dr. M. Rorabacher, of Litchfield, who furnished an interesting essay on Hysteria.

The third session (Tuesday evening) was filled by a partial report of pædology, and by the delivery of the presidential address. The latter gave a brief review of the important events of the past year, making mention of the World's Homœopathic Convention, held in 1881, at London, and maintaing that conservative homœopathy was not fully represented at London. Allusion was made to the International Convention of Physicians, also held at London, with particular reference to the downfall of Listerism and to the admission of homœopaths to membership in the convention. The former was used as an illustration of the instability of therapeutics resting exclusively upon pathological basis, the latter was made the introduction to a pretty full discussion of the relation of homœopathy to the dominant school of practice. The speaker endeavored to show the utter impossibility of entertaining any idea of an amalgamation of the various medical schools until it had either been shown that homœopathy is void of merit and scientific value, or until homœopathy had been universally accepted by all intelligent medical men. A synopsis was then given of the latest achievements of Prof. Jaeger, of Germany, in the field of neu-

ralanalysis, and the address closed with several suggestions referring to the work of the society, the organization of its bureaus, etc.

The first session of the second day was opened at 9:30 A. M. Dr. Phil. Porter, of Detroit, read a lengthy and very interesting paper on the History of Uterine Supporters. Other papers were presented and referred to the publishing committee.

The bureau of materia medica was represented as follows: Dr. H. R. Arndt, of Grand Rapids, The Therapeutic Value of Alcohol; Dr. A. B. Avery, Farmington, The Physiological Action of Alcohol; Dr. S. A. Jones, of Ann Arbor, A Line from a Student's Note-Book; Dr. O. R. Long, of Ionia, read, by title, a paper on Alcohol as a Food. The paper of Dr Jones consisted of an interesting sketch of the poisonous properties of Pulsatilla.

In the afternoon of Wednesday the bureau of theory and practice reported papers as follows: Algebolism, Dr. T. P. Wilson, of Ann Arbor; Diphtheria, Dr A. A. Allen, of St. John; Epilepsy, Dr. K. C. Betts, of Lansing; Routine in Medical and Surgical Practice, Dr. F. Woodruff, of Detroit.

The bureau of ophthalmology and otology were represented by the reading of the following papers: Entropium. Method of Operating, by Dr. T. P. Wilson, of Ann Arbor; Galvanism as an Agent in Ophthalmic Therapeutics, by D. J. McGuire, of Detroit; Clinical Report, by Dr. J. F. Brown, of Leslie, Mich.

After the transaction of routine business the following officers were elected:

E. C. Franklin, Ann Arbor, president; A. B. Avery, Farmington, first vice-president; W. E. Clark, Three Rivers, second vice-president; A. B. Grant, Lowell, general secretary; G. L. Bailey, Battle Creek, corresponding secretary; G. L. Robertson, Chelsea, treasurer; I. N. Eldridge of Flint, L. M. Jones of Brooklyn, H. Whitworth of Grand Rapids, G. L. Bailey of Battle Creek, R. B. House, of Tecumseh, and L. M. Godfrey, of Colon, board of censors.

The annual meeting, just closed, was a success. The attendance was good and the sessions were interesting. Among the gentlemen present as delegates from other states we may mention Prof. J. C. Sanders, of Cleveland, Ohio. The Hahnemann College, of Chicago, was represented by Prof. Leavitt, its obstetrician.

The fourteenth annual meeting of this society will be held in the city of Lansing, on the 3d Tuesday in May, 1883.

## →\*MEDICAL+MEMORANDA\*←

### AMERICAN INSTITUTE OF HOMOEOPATHY.

The following titles of papers were received too late for the general circular.

Bureau of Surgery.—A. R. Thomas, chairman. Geo. A. Hall, Carcinoma of the Rectum; I. T. Talbot, Antiseptic Surgery; N. Schneider, Cystitis; C. M. Thomas, Rapid Lithotripsy; H. I. Ostrom, Relation between Waste Cells and Pathological New-formations, with Special Reference to Neoplasms of the Breast; C. L. Green, An Emergency in Surgery; J. E. James, Osteotomy.

Bureau of Microscopy.—J. Edwards Smith, chairman. John C. Morgan, Hyaline Tube-casts.

Bureau of Anatomy.—W. von Gottschalck, chairman, Mola; Wm. Owens, The Vaso-motor Nerves, their Origin, Functions and Relation to Motbid Processes; G. H. Wilson, Perinephritis, with Suppuration, in a Boy Three Years Old; H. P. Bellows, Some Interesting Effects Produced by the Action of Attenuated Drugs upon the Growth of Protophytes as Observed by the Microscope; S. Van Artsdalen, The Uterus, Its Anatomy; John Malin, The Uterus, Its Physiology; N. Homer, The Uterus, Its Pathology.

Bureau of Psychological Medicine.—S. Lilienthal, chairman. O. P. Baer, Psychological and Clinical Observations on Insanity; T. L. Brown, When and Why are we Insane?; P. G. Valentine, Tapeworm—its Relation to Insanity; J. C. Guernsey, Imperfect Hygiene of the Sexual Function in Women as a Cause of insanity; J. R. Haynes, The Responsibility of the Insane.

J. C. BURGHER, General Secretary.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 6a Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.

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## EDITORIAL

The relation of the medical colleges to the medical profession is at present freely and generally discussed by writers and editors of journals representing all schools of practice. An impression seems to prevail that medical colleges no longer represent and uphold the highest interests of the profession; that they are not sufficiently exacting in their requirements concerning the preliminary examinations of prospective matriculants, but admit to their classes persons utterly unfitted for successful study and practice; that they employ means of questionable propriety to secure large classes, and often grant a degree in medicine to parties neither able to pass a strict final examination nor qualified to discharge intelligently the duties of the medical practitioner, thus throwing upon the profession and upon the public persons who disgrace the one and work injury to the other. It is asserted, with much show of justice, that the possession of a degree in medicine is no longer proof that its holder is qualified to practice medicine, and that a license to practice medicine should be granted to persons only who have passed an examination before a State Board of Medical Examiners duly appointed by state authority.

It cannot be flattering to officers of our medical colleges to realize that they no longer possess the complete confidence of the profession at large; it certainly is painfully unpleasant for the medical public to feel that at any time it may be called upon to protect itself against the institutions and the men who, in the very nature of things, should be guardians of the profession's interests and honor. Our medical colleges are either misrepresented and slandered, willfully and maliciously, or they are guilty of grave short-comings. If the latter be the case, means should be taken to *force* colleges into carrying out the wishes of the profession so far as they apply to the general demand for a higher standard of medical education, or a diploma from a medical college should no longer be considered a passport to professional courtesies, or a certificate of good standing in the profession.

Medical colleges almost innumerable exist in this country; few of them are endowed, and with the exception of a small number of the older schools and of the few colleges supported by the states in which they are located, all are "run" upon mere business principles keeping in view chiefly the absolute necessity of securing large classes in order to "make both ends meet." In some instances great pains have been taken to secure valuable, at times showy, clinical, and other, advantages,  
page 145, vol. vii., 1882.

but the sacrifices made to accomplish this, the means spent in building hospitals, college-buildings, etc., have necessitated extra efforts, and shrewd managers have exerted to the utmost their ingenuity and business-tact to enable their corporations to carry through such large enterprises. As a result of their forced efforts many a chair has been filled with less regard to the candidate's fitness for the responsible position of an educator than to his financial ability to "take stock," and many a young man is graduated whose only recommendation lies in his readiness to pay into the college-treasury those fees which the managers and the college-authorities cannot afford to lose.

Our own colleges have done for us a grand work; they are no less thorough, no less exacting than are the colleges which represent the dominant school; they deserve our thanks for the work done by them in the past, and words of cheer to stimulate them to still greater exertions in the future. But the evils complained of exist; they are universal. It would be folly to close our eyes to the fact that our colleges too are losing discretion in their endeavors to enlarge their incomes by securing the largest possible classes, that they admit to their lectures persons often of so low a grade of culture as to make it impossible for them to secure even a fraction of that medical knowledge and of that general culture which every medical man should possess, and that they graduate men who are known not to have complied with the conditions published in the annual college-announcements.

It is not our desire now to enquire what colleges are especially careless in the enforcement of the regulations and conditions so fully and prominently set forth in their announcements. Since the time has come to prepare "announcements" for the session of 1882-83 we would respectfully suggest to the managers of our own colleges to say nothing whatever concerning the length of time which a student must spend in the study of medicine to admit him to the graduating-class, or concerning the strictness of the final examination for the degree of "doctor of medicine;" let each man who desires to enter college find out by correspondence, or otherwise, how easy a thing it *can* be made to earn a diploma. If this does not suit, let our managers and faculties canvass the subject thoroughly, let them decide what they *want* to do, and what they *SHOULD* do, in the way of exacting certain qualifications and conditions and then, for the sake of consistency, let them see to it that such conditions are carried out to the letter, without fear or favor.

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## ✿SURGERY✿

### SURGICAL TOXÆMIA.

J. G. GILCHRIST, M.D., DETROIT MICH.

[Read before the College of Physicians and Surgeons, of Michigan, May, 1882.]

#### II.

#### LOCAL SYMPTOMS.

The local symptoms are of a character that can scarcely be mistaken, and yet may resemble lymphangitis so closely that taken apart from the general symptoms the condition might not be very apparent. We will observe a suppression of the secretions, an arrest of active repair; even when some considerable discharge remains, it

will be thin and ill-conditioned, showing few if any lymphoid bodies on critical examination. The part will be swollen, if an external surface, more or less œdematous, marked with red streaks in the course of the lymphatics, terminating in swollen indurated glands. It has been said that active repair is arrested: we may go further than this; united parts very often drop asunder again, and a retrograde metamorphosis occurs. Finally, the morbid action, as far as objectivity is concerned a most important diagnostic fact is found in the restricted boundary of the process, rarely extending beyond the first gland involved, rarely exceeds the limits of the part first invaded, if an extremity, or, under other circumstances, extending to the other side of the body. The character of the objective group of symptoms, therefore, might well give color to the assertion that the process is a purely local one, hence entirely dependent upon external agencies, as claimed by the so-called "antiseptic" surgeons. The character, on the other hand, of the constitutional and subjective group, is as distinctly in favor of its constitutional origin and nature, which, if established, must be fatal to the antiseptic doctrine. The objection we find made, that the constitutional symptoms are, "or may be" (it is more carefully put), of a purely secondary character, coming on after the local mischief has become established. This objection is easily met: The first symptom of septicæmia, is the sudden rise in temperature and chill, followed later, usually some hours, by the characteristic changes in the secretions of the part. There may be cases in which the apparently simultaneous appearance of the two groups might cause embarrassment in determining priority, but the remembrance that the nerve centres must be implicated to produce the constitutional disturbance, will point out the necessity for an appreciable period of time, which can only be shortened by the unusual energy of the local excitant, or a phenomenal receptivity on the part of the patient. The first disturbance being a variation in temperature, might well be overlooked unless careful thermometrical observations were had, at short intervals. So I will lay down the proposition, that septicæmia represents a profound vital disturbance which results in the suppression of excretion, and the establishment of absorption, without essential relation to external conditions excepting as the latter may modify the general nutrition. This theory is in perfect harmony with the prevailing ideas of etiology in the homœopathic school, and would seem to be well sustained, apart

from this, by a proper consideration of the admitted phenomena characterizing the state. Let us next observe the grounds upon which an opposite theory is based.

The assumption, for it amounts to little more, upon which the antiseptic theory is constructed, is that septic infection is due to the entrance into the wound of minute organisms floating in the air; just exactly how this produces septicæmia is not clear, unless it be that they perish there, and their carcasses furnish the deleterious elements. This is the sum total of the premises, the entrance of these germs and spores into the wound. Admitting these premises, the deduction is easy, that the proper antiseptic precaution is to prevent their entrance. This has been sought to be accomplished by various methods of dressing wounds, chiefly by the use of medicated dressings, the medical agent is desired to have at one and the same time utterly antagonistic properties, viz., a germicide, to slay the intruders, and a vulnerary, to promote repair. As might be expected all efforts to accomplish this impossible result have been practically futile. I am aware that statistics can, and perhaps *will* be brought to contradict this statement, anticipating this let me review the history of antiseptis.

In looking over the pages of medical history, the student is amused at the number and conflicting character of the theories prevailing from time to time, many of which held their own for a brief period, to be displaced by something designed to obviate some "objection" in their predecessors, which in turn gave place to others, for similar reasons. All of them, alas! even the most simple, have their history of deaths due to their practice, even the latest of all, Iodoform. First we had wonderful results from the "open air" treatment, occupying ourselves solely with modern delusions—in spite of the murderous spores and bacteria which must have swarmed into the thousands of wounds left open for their accommodation. Then came an opposite doctrine, a rigid exclusion of air, and by the use of Collodion, or the production of a scab, "sealing up" the wound was practiced. The many disasters that accompanied this method, led to the "water dressings," constant irrigation, etc., which had a long lease of life, and was the prevailing doctrine in the army during our late war. The results were said to be good, and certainly the method *was* an improvement on its predecessor, but far from filling all the indications, viz., prompt union with the minimum of

reparative effort. Then came the injunction to "keep the wound dry," and water, sometimes even when needed for purposes of cleanliness, was rigidly forbidden. Dry earth followed as a compromise, succeeded by oakum, and other absorbents, until we come to the discovery of the dangerous character of atmospheric organisms, and a new theory sprang into life, based upon the slaughter of the germs. Carbolic acid was first used to arrest cell-proliferation in carcinomatous growths; it was, by a natural sequence, soon applied as a germicide, upon this very fact, and yet, with a charming simplicity, the claim was set up that it was vulnerary! a *vulnerary that arrested cell genesis*, the very life and object of repair!! The surgical world went mad about it, until Billroth suggested that the spray drove millions more germs into a wound than would find entrance without it, until Volkman and Billroth both, found the green urine indicative of Carbolic acid poisoning in cases that had died under its influence; until Keith, found his own health suffer from being in the atmosphere of the spray; and until many operators found that cases *would* die, even when all the conditions of "Listerism" were rigidly observed. Our clinic rooms were all perfumed like a petroleum refinery, our shelves decorated with rows of "atomizers" and "spray-producers," and a further contribution was made to the museum of surgical abortions, already of protentious size and dimensions. Then comes a series of experiments with Eucalyptus, and other agents, still in progress, with a full-sized rage for Iodoform without much if any experimental study. For a time the enthusiasts supposed they had found their panacea, but in the language of the courts, now comes Kœnig, of Gottingen, who asserts that the agent is not devoid of danger, and has poisonous properties; he cites a case in support of his views, and refers to a fatal case in the practice of the originator of the Iodoform practice, Mosetig-Moorhof, and which is exciting much discussion in Germany. The facts will be found in the March number of the *Annals of Anatomy and Surgery*. And so runs the history until Guerin, of Paris, discards *all* medicated dressing, and relies on cotton-batting, as, he says with comical pathos, "they," the germs and bacteria, "becoming entangled in the meshes, can neither get in or out, but perish miserably."

But, we may seriously enquire, has there not been much of good grown out of the antiseptic mania? and, also, how do we reconcile the conflicting nature of statistics, enduced on both sides of the controversy?



Not only antiseptic surgery, but all the spasmodic pseudo-reforms that have been put in practice, has gradually led us, step by step, to the appreciation of one fact after another, until the sum of our knowledge is represented in two cardinal principles, viz., cleanliness, and economy of blood. The first must be personal, local, and domestic; the second represents the maintainance of full functional vigor as necessary to repair. We have also learned, what might be considered a combination of the two, that prompt and perfect union is to be chiefly desired, if not incompatible with other therapeutic considerations and requirements. Now the fact must be admitted, admitted because it has all the authority of actual demonstration, that a cell destroyer cannot be a cell producer; hence a vulnerary and a germicide are of antagonistic properties; which, finally, forbids a hope that the two properties can ever be found united in the same agent. A germicide is only to be desired when we are convinced that septi-cæmia is due to germ implantation, a point very far from being established as yet. A vulnerary is of the first importance to the surgeon, as it fulfills the indication of quick repair, and lessens the danger of germ implantation, by diminishing the period of time a wound is left in a condition to give them lodgment. So the answer to our first interrogatory is easy: antiseptic efforts have made us practice greater attention to cleanliness, and emphasized the importance of speedy repair of injury.

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#### A METHOD OF REMOVING BENIGN TUMORS OF THE BREAST WITHOUT MUTILATION.

Prof. T. Gaillard Thomas, Surgeon to the New York State Woman's Hospital, contributes to the April number of the *New York Medical Journal and Obstetrical Review* a paper in which he expresses himself in favor of removing benign tumors of the breast as a rule, because the mere presence of a tumor in the breast usually renders the patient apprehensive, nervous, and often gloomy, while, with our present improved methods of operating, the patient is exposed to slight risks, the danger of growth of the tumor is removed, and with this disappears at the same time that of the subsequent degeneration of a benign into a malignant growth. If, in addition to these advantages, we can add the avoidance of all mutilation to the person, we have strong grounds for departing from the practice of non-interference. The method of operation described Dr. Thomas has practiced

thus far in a dozen cases. He distinctly states that it is entirely inappropriate for tumors of malignant character, and that it is applicable neither to very large nor to very small benign growths, being insufficient for the former and unnecessarily radical in its character for the latter. The growths for the removal of which he has resorted to it have been fibromata, lipomata, cysts, and adenomata, and have varied in size from that of a hen's egg to that of a duck's egg or a little larger. The operation is thus performed: The patient standing erect and the mamma being completely exposed, a semicircular line is drawn with pen and ink exactly in the fold which is created by the fall of the organ upon the thorax. This line encircles the lower half of the breast at its junction with the trunk. As soon as it has dried the patient is anaesthetized, and with the bistoury the skin and areolar tissue are cut through, the knife exactly following the ink-line until the thoracic muscles are reached. From these the mamma is now dissected away until the line of dissection represents the chord of an arc extending from extremity to extremity of the semicircular incision. The lower half of the mamma which is now dissected off is, after ligation of all bleeding vessels, turned upward by an assistant and laid upon the chest-walls just below the clavicle. An incision is then made upon the tumor from underneath by the bistoury, a pair of short vulsella forceps is firmly fixed into it, and, while traction is made with it, its connections are snipped with scissors, the body of the tumor being closely adhered to in this process, and the growth is removed. All hæmorrhage is then checked, and the breast is put back into its original position. Its outer or cutaneous surface is entirely uninjured, and the only alteration consists in a cavity at the former situation of the tumor. A glass tube with small holes at its upper extremity and along its sides, about three inches in length and of about the size of a No. 10 urethral sound, is then passed into this cavity between the lips of the incision, and its lower extremity is fixed to the thoracic walls by India-rubber adhesive plaster, and the line of incision is closed with interrupted suture. In doing this, to avoid cicatrices as much as possible, very small round sewing-needles are employed, these are inserted as near as possible to the edges of the incision, and carry the finest Chinese silk. After enough of them have been employed to bring the lips of the wound into accurate contact, the line of incision is covered with gutta-percha and collodion, and the ordinary antiseptic dressing

is applied. If the glass drainage-tube acts perfectly, there is no offensive odor to the discharge, and the temperature does not rise above 100°; the tube is in no way interfered with until the ninth day, when the stitches are removed. If, on the other hand, the tube does not appear to perform its function satisfactorily, it is manipulated so as to cause it to drain all parts of the cavity, and warm carbolized water is freely injected through it every eight hours. On the ninth day, when the stitches are removed, the tube is removed likewise.

### →\*MEDICINE\*←

#### · CHRYSOPHANIC ACID IN CERTAIN FORMS OF SKIN DISEASE.

C. E. FISHER, M.D., CORSICANA, TEXAS.

Within the past nine months I have been called upon to treat quite a number of cases of favus in its different forms. The favus circinnatus (ringworm), has prevailed extensively of late in this section, and has been quite a bugbear to the medical fraternity as well as those afflicted with it. Some cases have been exceedingly stubborn, and have resisted carefully selected and faithfully applied methods of treatment at both allopathic and homœopathic hands for many months. It is in these cases that the Chrysophanic acid, internally and externally, have served me well, and since using it, I have not been defeated by any case of ringworm although I have met with a number upon whom all other remedies prescribed by myself and others had utterly failed. One case, particularly stubborn, serves to illustrate its use.

Mr. C——, age 22, living in this county, seventeen miles below Corsicana, applied to me in August last for treatment for a number of ringworms, which had resisted treatment for more than a year and a half. An allopathic physician living and practicing in his neighborhood, had treated him for more than six months immediately preceding his application to me and had finally suggested that he try homœopathy. I found upon examination, that the favus occupied the whole of the right side of the face and neck, having invaded the integument covering temple, forehead, cheek, chin, eyelids, nose and neck; and presenting an aggravated form of the disease. In places appeared little pimples with yellow crusts, the base being red and irritated. His was decidedly the worst case I have ever met

with. For nearly six months I treated him with Sepia, Graphites, Sulphur and other apparently plainly indicated remedies, without the least improvement. I finally decided upon the Chrysophanic acid and gave a three-grain powder of the 3x trituration, morning and night, and prescribed a salve in the proportion of half a drachm of the powder thoroughly mixed into an ounce of Vaseline, this to be applied twice daily.

The effect was satisfactory in the extreme. Within two weeks the ringworm was entirely removed, and the patient has remained well until this day. Beside the facial forms it affected the inner surface of both thighs, and to these too also was successfully applied the the Chrysophanic acid, at the same time and with the same results.

Since my experience in that case I have used this valued remedy a number of times in cases almost equally severe, with results highly satisfactory. I believe it to be the sovereign remedy in favus, eczema, particularly the squamous variety, in acne rosacæ and perhaps in other diseases of the epidermis.

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#### A CASE OF ULCER OF THE STOMACH.

GEO. CLINTON JEFFRY, M.D., BROOKLYN, N. Y.

Mr. J. S., aged 52, Irish, came to me on May 8, 1879, complaining as follows: Considerable pain—localized—to a space of two inches in circumference, immediately over the gastric region, with a constant nausea that repulsed food of every nature taken into the stomach which was immediately returned to the mouth. Emaciation progressive and considerably extended. The face giving the most striking evidence of flesh wasting, being ghastly from its lack of color and the prominent appearance of the malar prominences. No appetite, and an inability to follow his customary avocation from attending exhaustion. The most prominent symptom of the case, and the one that had produced much conflict in diagnosis was the fact that he had gushings of blood once or twice a day from the stomach, which had suggested the probability of cancer to ulcer of the stomach, the latter being my diagnosis.

In cancer the pain would have been radiating in character; here it was particularly prominent by it being felt only at *one* point. In cancer the blood would have been comparable to "coffee grounds"; here nothing of the kind existed, the blood being free from coagulation. In cancer the skin reflects the disease to the face, which is

always of a tanned, sallow color, and gives evidence of much mental suffering and care; here no such evidence existed.

Mr. S. has been more or less dyspeptic for fourteen years, but from the vomiting of the blood he has been troubled but about two years.

May 8.—Prescribed Arsenicum<sup>400</sup>, Carbo veg.<sup>200</sup>, a dose alternately night and morning.

May 11.—Reports himself better and to his great surprise has raised no blood since yesterday. Medicines continued.

May 13.—No blood has appeared since 10th inst. Arsenicum<sup>2000</sup>, Carbo veg.<sup>2000</sup>, a dose every night, alternately.

May 20.—No blood whatever; appetite better; pain almost gone; all symptoms improved. Stop medicine for one week.

May 28.—Much improvement; Arsenicum<sup>2000</sup>, Sulphur<sup>2000</sup>, alternate every other day.

June 12.—Had a call from patient; considers himself about well. Sulphur<sup>2000</sup> one dose per week.

Patient returned to business again, and is free from all gastric derangements whatsoever.

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#### HYDROPHOBIA; ITS SUCCESSFUL TREATMENT, AND VARIOUS VIEWS AS TO PROPHYLAXIS AND TREATMENT.

Mr. Ruxton, a surgeon in the East Indies, reports a very remarkable case, which seems worthy of being classed with the small number of cures that are now on record. A boy, between five and six years of age, was bitten in 1874 by a bull-bitch, that was subsequently killed. The bites were deep and severe, but were freely cauterized with fuming Nitric acid, causing considerable loss of tissue. Carbolic oil was subsequently employed as a dressing. A month later he became unconscious, refused to drink, and was exceedingly nervous. Mr. R. finding him with saliva issuing from the mouth, suspected the worst, but ordered, as a temporary measure, the tepid sheet and a diaphoretic mixture. Tranquil sleep and diaphoresis followed, but about one in the morning the patient awoke screaming, had frequent convulsions, refused liquids, and frothed at the mouth. Thinking that, as a palliative, Cannabis Indica might be usefully employed, five minims of the tincture were given, and a short sleep followed. This dose was repeated after an interval marked by scream-

ing fits and salavia-spit from between the teeth. Deep sleep, lasting ten hours, now ensued. On awaking he recognized his mother—the first time for twenty-seven hours. His pupils were now intensely contracted. A third dose of five minims was given on the evening of the second day of medical attendance, and sleep ensued for eighteen hours. Pulse and respiration remained good all the time. From this point the progress toward recovery was steady and continuous.

Dr. Ewart, formerly deputy surgeon-general in the Bengal army, in the same number of the *British Medical Journal* (November 19, 1881), states that little confidence can be placed in drugs after the symptoms have developed. He advocates cauterization as a prophylactic and as practiced successfully by Youatt in four hundred cases; and he quotes Sir William Gull, who states: "If I had to choose for myself, I would inhale Ether and have the whole track of the wound destroyed by strong Nitric acid or Nitrate of Silver." But Ewart places himself on the side of Sir Joseph Fahrer, who says: "If I were bitten by a dog or other animal, *even suspected* of rabies, I would suck the wound, put in a ligature, inhale Ether \* \* \* and have the bitten part thoroughly cut out, and then cauterized with Nitric acid or Nitrate of Silver, so as completely to disorganize any virus there might remain. Excision," he remarks, "may be practiced successfully after the wounds are thoroughly cauterized."—*Med. Record.*

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CALCAREA CARBONICA IN INCIPIENT PHTHISIS.—  
A "FAIRLY" TYPICAL CASE.

H. R. ARNDT, M.D., GRAND RAPIDS, MICH.

Mrs. F. H. A., age 28 years, tall, large, of fair complexion, and of lymphatic temperament, mother of one child, only child of her mother who died of phthisis at (about) the age of 26 years. Mrs. A., when a child, was very sensitive to changes of weather, and spending the greater part of her childhood in travel and in the boarding-house, suffered frequently from colds, with dry, hacking cough and hoarseness. At the age of twelve years she went to live in a southern state. Commenced to menstruate at the age of thirteen; flow fairly regular, painless, and quite profuse. When fifteen years old, she suffered from a milky, copious leucorrhœa, accompanied with great weariness. Soon after, her appetite became fitful, and eventually she was placed under medical treatment for dyspepsia and a

chronic diarrhoea, the latter characterized by very frequent, watery stools of foul odor, with utter prostration and emaciation. At the age of nineteen she commenced to improve, and when married, some two years later, she had become a large fine-looking woman, seemingly in the enjoyment of excellent health. She bore one child; labor normal; recovery somewhat tedious on account of worry about her husband's failure in business. While nursing her child, she experienced great exhaustion, much nervousness, dull headaches, palpitation of the heart, paroxysms of cold, clammy sweating, flying stitching pains in the upper chest, hacking cough with or without scanty expectoration, leucorrhœa, backache, tendency to moodiness. She improved somewhat after weaning her child, but continued to cough more or less, failed to regain her cheerfulness unless stimulated by some unusual occurrence; she continued to lose flesh and experienced a complete loss of all sexual desire, bordering at times, upon absolute aversion. Six months ago she ceased menstruating.

Present condition: The patient appears gaunt, hollow-eyed; great emaciation; coughs little, but complains of stitching pains in the [upper] chest; loss of appetite; constipation; fluttering of the heart upon the slightest exertion; is weary of living, and but for the love she bears her family would welcome death. Constant coldness and dampness of the feet; tongue covered with a thick, white, pasty coating; bad taste in the mouth; dull, heavy, stupid feeling in the head, particularly in the morning; pulse 94. Examination of the chest revealed a remarkable degree of emaciation, the breasts consisting of long, dependent folds of flabby skin, and the intercostal spaces showing like distinct, deep hollows; flatness of the upper chest; hollowness in the subclavicular region; dullness on percussion in the upper chest. The number of inspirations slightly increased in frequency.

Frankly acknowledging her bad family-history, the patient expressed her conviction that her chief troubles were uterine; and that she was absolutely free from tendency to phthisis. In view of the entire history of case, she received *Calcarea carb.* 30x, one dose every three hours.

After taking a few doses of the remedy, a violent diarrhoea showed itself, bearing all the characteristics of a *Calcarea diarrhoea*. On the third day she menstrated normally.

I received no news from the patient, until some six weeks later her

husband called reporting marked changes. She felt better in every respect; the husband laid especial stress upon these symptoms: she had commenced to gain flesh; showed some desire for sexual gratification, her breasts were rapidly resuming their former remarkable fullness and beauty. But she had again passed by her menstrual period.

Satisfied that Calcarea was *her* remedy, I gave it in the 200th attenuation. Again menstruation appeared within a few days after commencing to take the remedy.

The result of the prescription may be condensed as follows: menstruation became regular, leucorrhœa disappeared; appetite and digestion became normal; pains in the chest disappeared, and with it nearly all former symptoms of lung-trouble, coldness and dampness of feet no longer troubled her; she enjoyed life once more, became pregnant, and in due time gave birth to a pair of healthy, hearty twins.

Her husband's affairs made close economy a virtue, hence my chances for observing the patient were limited to occasional calls. She did not, however, at any time during the year's acquaintance with her betray the slightest need of medical advice, and is now, from all I can learn, in the enjoyment of very good health.

This case is remarkable only in two things: 1. It is an almost typical Calcarea case; this remedy was so clearly in the totality of *all* her troubles, dating back to her early childhood, that the merest tyro in medicine would have recognized it. 2. The curative action of the remedy was so unusually prompt and showed itself so plainly in every part of her organism, that it makes the case worthy of at least passing notice.

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#### RATTLESNAKE POISON.

Dr. Lacerdo Filho has given the following facts in regard to the venom of the rattlesnake: 1. The poison destroys the red corpuscles of the blood, and changes the physical and chemical quality of the plasma. 2. It contains certain moving bodies somewhat like the micrococcus of putrefaction. 3. If the blood of an animal which has died of a snake-bite is inoculated into another animal of like size and species, each will die in a few hours with like symptoms and changes of blood. 4. The poison can be dried and preserved for a long time without materially losing the specific quality. 5. Alcohol is the best antidote yet known.



## CASE OF EPILEPSY.

*Case 29.*—Unmarried woman, aged 26; constitution muscular, strong. No hereditary predisposition. Exciting cause: acute disease, typhus (?). Ill for six years. Aura: stretching of left arm, as though making rotatory movements with it. At first every six, afterward every three, and now every month, fits at uncertain times. Irregular heart's beats. Bufo<sup>6</sup>, two doses daily for three days, then pause for three days, then Salamandra<sup>6</sup>, for three days, and three days' pause, and so on, alternately. Since then no relapse for a year and a half. Still under treatment. Improved.—*Dr. Bojanus.*

## →\*SOCIETY\*NOTES\*←

## MINNESOTA INSTITUTE OF HOMŒOPATHY.

MINNEAPOLIS, Minn., May 19, 1882.—*My Dear Counselor:* With the remarkable impulse given to all material interests in the northwest, our neighbors and eastern friends may reasonably expect homœopathy in Minnesota to keep abreast of the times.

The sixteenth annual session of the Minnesota Institute of Homœopathy has just closed in this city. It was the most harmonious and interesting session yet held. The numbers present was less to be considered than the interest taken by the members, and the spirit of unity and progress we manifest.

At no times did the discussions degenerate into a waste of time on potencies and like "rocks of offense." Once, on the second day, a considerable breeze was raised by certain allopathic confessions by Dr. C. W. Crary, of Lake City, and others. This gave opportunity for much wild talk about Quinine, Morphine, etc. But the storm was allayed by a second confession on the part of the principals that they used these methods *from ignorance*, and were ashamed of them. They hope each year to learn more and more of the true healing art and to forget the mysticism and uncertainties of the old school.

Nearly every bureau was represented by either a paper or interesting clinical notes, that of pædology having two excellent articles.

The papers all came from the younger men, the clinical work from the old practitioners. And this is evidently an earnest of what the future work of the Institute will be.

The new members admitted were, Drs. L. P. Foster, E. G. Folsom, L. Hall, E. D. Hall, and H. W. Brazie, of Minneapolis; L. G. Wilburton of Winona; R. D. Martchaw, of River Falls, Wis., and P. G. Denninger, of Fairbault.

As last year, the eastern schools are best represented among the new members. This year the ratio was five to three, the latter being from Chicago. I mention this in no spirit of unfairness, for the western schools are rapidly equalling the eastern in all advantages, but because I have looked upon the former as sending out the more conservative, truly homœopathic element, the element likely to be the best working material in the Institute and in local practice.

This year the Transactions were ordered published with a history of the Institute, and such papers as may prove of value among those offered in the past years. The publishing committee can therefore furnish our sister state organizations a very creditable volume, as the first of what we hope will prove a long and valuable series.

The officers for the year ensuing are: G. A. Hawes, Hastings, president; D. W. Goodwin, Minneapolis, O. H. Hall, Zambora, vice-presidents; A. A. Camp, Minneapolis, secretary and treasurer; followed by censors, executive and publishing committees, and delegates to other meetings.

Five or six members will represent Minnesota at Indianapolis in June.

The president's able address should not be forgotten. He pointed out clearly the attitude of allopathy toward our school, and urged us not to accept any overtures of amalgamation, such as the New York State society has offered in the past year. We must never desert the true standard, or allow ourselves to be swallowed up in the present popular clamor for unity. The people may not see why the two schools should not unite. We have a principle at stake, nor must we sacrifice it to an impulsive sentiment.

AN OBSERVER.

## →\*MEDICAL MEMORANDA\*←

### EDITOR'S TABLE.

Dr. W. W. Jones has removed from Blue Springs to Williamsburg, Neb.

Dr. H. L. Stambach has removed from Philadelphia, Pa., to Mullica Hill, N. J.

Dr. E. P. Hussey has removed from 432 Porter avenue to 55 The Circle, Buffalo, N. Y.

Dr. E. H. Muncie has removed from 25 DeKalb avenue, to 63 Livingston street, Brooklyn, N. Y.

Dr. H. Learned has removed from Crescent City, to Pomona, Fla. Dr. Learned has retired from the practice of medicine and is engaged in cultivating oranges.

Died.—April 18, 1882, at Pittsburg, Pa., Mrs. Esther Rutherford Burgher, wife of Dr. J. C. Burgher, general secretary of the American Institute of Homœopathy.

In the report of the Illinois State Society meeting, we gave Dr. Watson credit for a paper which was contributed and read by Dr. A. W. Woodward of this city. Dr. Watson had sent on the same day, by mail, three clinical cases, in which Iron had been used, this he did at Dr. Woodward's request, and they were also read.

The medical department of Queen Victoria's household comprises three physicians in ordinary, three physicians extraordinary, one sergeant-surgeon extraordinary, two sergeant-surgeons, three surgeons extraordinary, one physician of the household, one surgeon of the household, one surgeon apothecary, two chemists of the establishment in ordinary, one surgeon oculist, one surgeon dentist in ordinary and one other physician—21 persons in all. [Where is the surgeon gynecologist?]

### ADVERTISING.

The following, which we heartily endorse, we clip from the editorial columns of the *American Medical Weekly*:

There is no one subject in regard to which the profession are so incorrectly informed, as they are in regard to the advertisements in a medical journal. As has been said by a friend, in correspondence, the great fault in relation to medical journals, as observed by himself, is, that as soon as a medical journal obtains a large subscription list, it immediately carries a very large number of advertisements. And his observation is that which the great majority of physicians would make, if interrogated on this subject.

Now the fact is that no greater blunder could possibly be made, and it is well to correct it.

If a publisher *decreased* the number of text pages of a journal, as he *increased* the number of advertising pages, such a course would be dishonorable; it would be unjust to the subscriber, and would render a journal unworthy of support. But if he increases the number of advertising pages, and does not lessen the amount of reading matter, such a course should be most welcome to every reader, for it is an evidence that the journal is a success; that it is on a sure basis; that advertisers select it on account of its offering a large circulation to themselves, and that their money is safely and judiciously invested. But more than all, a large advertising business largely increases the revenue of a journal, enabling it to offer increased advantages and attractions to its subscribers.

It is on account of its large advertising business that the *New York Herald* is con-

stantly increasing the quantity and improving the quality of its reading matter; that its editorial corps is strong; that its contributors and correspondents furnish interesting facts from all parts of the world. Cut off its advertising department, and the *Herald* could not pay expenses.

The same reasoning is true in regard to the London *Lancet*, the largest and best medical journal in the world. In its present form it carries 32 pages of reading matter, and 48 of advertisements!! the largest proportion of advertisements of any medical journal published. Here advertisers seek a large, good and well distributed journal. In turn they pay to it a large revenue, and this revenue is largely spent in securing, for its readers, the best medical matter to be obtained. Without this advertising support, the London *Lancet* could not possibly offer to its readers more than a mere fraction of the great advantages which they at present enjoy. In fact, the abrogation of its advertising department would so change the quantity and quality of the reading matter, that its best friends would no longer know the *Lancet*; would reject it and forsake it.

There is, then, no greater blunder than to object to a journal on account of its large advertising department; *the size of this department is the key to a journal's success and the index of its prosperity.*

#### HOMŒOPATHY IN CLEVELAND.

It affords me pleasure to present the following authentic reports of the results of our practice in two of the public institutions of Cleveland, and the ratio of deaths of the allopathic and homœopathic schools of medicine for the year 1881.

The Cleveland Orphan Asylum, which was under the medical direction of Dr. F. H. Barr, had three epidemics: scarlet fever, measles and diphtheria. Though malignant in character, all recovered.

For eleven years, I was surgeon-in-charge of the Cleveland Workhouse; 11,789 patients were treated, 25,063 prescriptions dispensed. There were 35 deaths. A comparison with the best mortality reports of other workhouses gives this institution a ratio of mortality 36 per cent better than the Detroit Workhouse and 57 per cent better than the Allegheny, and 450 per cent better than the Ohio Penitentiary.

For the year 1881 the ratio of deaths in Cleveland to each allopathic doctor is 16.54, and for each homœopathic doctor 7.48—a percentage of 121.12 better than the allopathic school.

Of all reported cities, the homœopathic doctors of Cleveland have the smallest ratio of deaths and the largest percentage over the allopaths. With kind regards, believe me  
Yours very truly,  
H. F. BIGGAR.

Dr. G. S. Barrows has removed from Topeka, Kan., to Chillicothe, Mo.

#### THE NEW SIAMESE TWINS.

The brothers Tocci, born in Turin in 1877, are considered to be even more curious than the famous Siamese twins.

They have two well formed heads, two pairs of arms, and two thoraces, with all internal organs; but at the level of the sixth rib they coalesce into one body.

They have only one abdomen, one umbilicus, one anus, one right and one left leg. Their genital organs consist of a penis and scrotum, and at the back there is a rudimentary male genital organ, from which urine sometimes escapes.

It is a curious fact that the right leg moves only under the control of the right twin (name Baptiste), while the other is movable only by the left twin (named Jacob).

As a result they are unable to walk. This left foot is deformed, and is an example of talipes equinus. Each infant has a distinct moral personality; one cries while the other is laughing; one is awake while the other sleeps. When one is sitting up, the other is in a position almost horizontal.—*Presse Medicale Belge.*

#### ALUMNI ASSOCIATION MEETING.

The Alumni Association of the Homœopathic Medical College of the University of Michigan, will have a reunion at 7:30 P. M., of June 28, 1882. An address will be delivered by Dr. Hubbard, class of 1877. The banquet will be held immediately after the delivery of the address. A. Lodge, secretary, A. R. Wheeler president.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.

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## ✚SURGERY✚

### SURGICAL TOXÆMIA.

J. G. GILCHRIST, M.D., DETROIT MICH.

[Read before the College of Physicians and Surgeons, of Michigan, May, 1882.]

#### III.

Lastly, how do we reconcile the conflicting character of statistics, not only pro and con as to "antiseptics," but as to the different agents in the alleged antiseptic group? This answer is equally easy, but minute demonstration would require more time than I have at my disposal, or you to devote to listening to me.

That statistics may be decidedly untruthful, although undesignedly as, Dr. Jno. Ashurst, Jr., (*Inter. Encyclop. of Surgery*) has shown. In debating the questions relating to different methods of treating the stump after amputations, he shows by the citation of an immense number of statistical reports, that taken singly the results would prove very conclusive in any of the categories, but that when the statistics themselves are analyzed and rearranged by one indifferent to the result, the results vary greatly. Thus a writer will tabulate hospital reports of amputations in general, and getting the ratio of mortality will compare it with his report, perhaps of selected cases, and find a ratio immensely in his favor. Now analyze the hospital report: as given by our author it will simply state, number of amputations, so many; recoveries, so many; deaths, so many; ratio of mortality, so and so. Very well; now what are the facts, as to amputation and the mortality resulting therefrom, as gathered from an immense number of reports? Why that sex, age, whether for disease or accident, the size of the limb, previous bodily condition of the

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patient, whether performed primarily, intermediately, or secondarily, and the kind of operation all exercise important bearing on the result. Thus analyzed, the statistics have a very different significance; to make our author's tables of any value, he must compare his cases with exactly similar cases, in all particulars, and then, as the question is on the merits of dressings, the time consumed in treatment must enter into the enquiry as well as the mere question of mortality. If this is true of statistics of operations, how much more is it true of methods of treatment? Let us secure an accurate report of a number of selected cases, submitted to one kind of treatment, with reference to protection from septic infection and length of time consumed in completing repair, and compare it with a similar list, embracing the same considerations, of cases treated by another method. As far as Ashurst has gone, in this comparison, he finds the differences are small indeed, so much so that the question of selection of a method is after all determined more with reference to convenience and facilities at command than any therapeutic consideration. In other words, no matter whether you use open air, water, dry earth, full "Listerism," the method of Guerrin, or Iodoform, about the same length of time is consumed, the same facility of union, and the same good results, taking cases as exactly similar as possible for a guide and comparison. The presumption is very fairly to be stated, that in a large proportion of injuries and wounds from operation, it requires very active and energetic interference to retard or modify repair, a good result being the rule even when the case is left entirely to nature. Indeed there can be no question that very many cases have resulted disastrously that might have made a good recovery had they not had surgical care. President Garfield's case, I fear, was one in point.

From a therapeutic point of view, we have two problems presented for solution, one of prophylaxis, and one of treatment if the former fails. The first indication is met, in placing the body in the best condition obtainable, as to nutrition, and particularly to facilitate, by all means in our power, the prompt closing of the wound. Of course we are engaged in studying this condition as it is presented to the surgeon. The wound is to be treated, as long-established homœopathic principles, tested by hundred of practitioners, has proved the most desirable. Pain is to be arrested or controlled as an element of danger, apart from all other considerations, on account

of the nervous disturbance and exhaustion induced thereby. Hypericum, seems to accomplish all that could be desired in this direction. Arnica, when there is effusion of blood to be disposed of; Calendula, when there is much loss of substance, and the gap is filled by granulation; Staphysagria, when the incision is smooth, the wound can be closely approximated, and there is no foreign matter to be expelled; and Ledum or Stramonium, when injuries to the nerves are the prominent lesion, and there is reason to fear tetanus, are remedies with which we are all familiar, and which have a reputation amply sustained when put to the clinical test. With a proper use of such precautions, and a mechanical treatment of the wound in accordance with common and well-known surgical principles, there can be small opportunity for septic trouble, particularly where proper nutrition is attended to. There can be no need for germicides, as a very simple and familiar illustration will show. Consider the method of repair of wounds in animals. From time immemorial the rapidity with which wounds in dogs heal has been cited as an illustration of typical repair. It was this that led to the many attempts to form a scab artificially. Yet, consider, there are no antiseptic precautions taken, and never have been, in treating wounds in animals, and the most ignorant observer has learned to leave them alone, to "nature," as they phrase it. The conditions are such as we would suppose are peculiarly formable for septic trouble if admission of germs is the cause, and the contact with dead organic matter, furnished by the inspissated lymph, dried blood, matted hair, and extraneous dust, should add to the danger ten-fold. I am not aware of a single example of septicaemia in the case of wounded animals, and we know, also, that wounds heal with remarkable facility; in fact, when death occurs from injury, it is nearly always from the primary lesion; rarely, if ever, from secondary affections.

Should septicaemia occur, however, in our treatment of a case, if there is no diathesis cachexia to demand first consideration, Arsenic or Lachesis have rarely failed to re-establish normal repair and lead the case to a successful issue. It is not necessary to enlarge upon their indications, they are familiar to all of us, and our knowledge of drug action is as yet too experimental and imperfect to warrant dogmatism. The chief point of interest lies in the fact that nothing is advanced by us as tentative or experimental, like much of the history of the past, alluded to above, but comes with all the force of

a centuries successful practical and clinical test, in which hundreds of experimenters have taken part. It may justly claim consideration as one of the few established facts in medicine.

→\*CORRESPONDENCE\*←

COURTESY OF THE OLD SCHOOL.

F. F. CASSEDAY, M.D., KANSAS CITY, MO.

Just at this time when we are hearing so much about the courtesy of the old school, and the desirability of breaking down all party feeling, the annexed editorial, from a prominent New York journal, shows pretty clearly the feelings and methods of the rank and file of old school practitioners. It is racy reading.

“CAN THE AMERICAN MEDICAL ASSOCIATION CONSISTENTLY ADMIT DELEGATES FROM THE NEW YORK STATE MEDICAL SOCIETY?”

“The cloud, which intercepting the clear light,  
Hangs o'er thy eyes, and blunts thy mortal sight  
I will remove——.”

*Virgil.*

From the machinations of scheming politicians, from the cunning of foes, from the short-sighted policy of friends, from the lukewarmness of the indifferent, from the manifold dangers that threaten to undermine the integrity of our code of ethics, imperfect though it may be, we would fain exclaim, Good Lord deliver us!

Better that code, conservative, antiquated though it be, the tenor of whose precepts is to preserve the barriers which wisdom has devised to keep impostors and charlatans and dishonorable pretenders beyond the pale of recognition and association, than a code which, in the name of tolerance and progressive liberality, opens the door to the enemies of the profession, and licenses the affiliation of the quack with the educated physician.

The question as to the propriety of the National association admitting delegates from the New York State society, in view of the action of this body in adopting a code of ethics totally at variance with that of the parent society, is one deserving the consideration of the profession at the present time.

The action of the National society in this matter will be, for good or evil, far reaching in its results. The society has the opportunity either to endorse the code of the State society or to condemn it, to emphasize the concessions unquestionably made to homœopathy and eclecticism, or to most emphatically express its disapproval of them. Which shall it be? What course will the society pursue?

We cannot but believe, in common with the majority of those reflecting the opinions of the profession, that there is but one course consistent with honor and the avowed principles of the society, and that is to unhesitatingly condemn the action of the State society, and refuse to admit its delegates.

Any other course would be suicidal. Already the organs of homœopathy are rejoicing and predicting the decay of the old school of medicine and the triumph of the exponents of Hahnemannian principles. As illustrative of how the action of the

State Medical Society is regarded by homœopathy, we quote the following from a recent editorial of a homœopathic journal :

‘THE LION AND THE LAMB.—Whatever doubt may have existed respecting the desire of the allopathic lion to secure peace and harmony by swallowing up the homœopathic lamb, must surely have been dispelled by the events of the past few months. A mighty revolution is shaking the defences of professional intolerance to their foundations, and the whole superstructure, which only one brief year ago seemed well-nigh impregnable, is to-day tottering to its fall. The apparent beginning of this revolution, beside the death-bed of the late Lord Beaconsfield; the stimulus it received in the addresses of Drs. Bristowe and Hutchinson; the conquests it has achieved in the Royal College of Physicians of England and in the State Medical Society of New York; the marked change in the tone of the allopathic journals,—all these had their real origin in a gradual change of professional sentiment, which only awaited an opportunity to give itself open and peremptory expression. The homœopathy of 1825, knocking timidly at the eastern portal of the Republic, poor, weak, friendless, helpless, was an object to be contemned. The homœopathy of to-day, reaching out its resistless arms to the Golden Gate of the Pacific, strong, confident of the divinity of its mission, flushed with an undreamed-success and hurrying forward to new victories and more magnificent achievements, is a power which cannot with safety be despised, and must therefore be conciliated.

The motive which actuates the revolution is not difficult to discover. The average allopath is not so densely ignorant but that he can learn the relation between cause and effect like other people. His knowledge of drug effects and of disease effects, crude though it may be, is not so exceedingly shallow but that he knows the laws of similars to be true, just as well as we know it. He applies it every day in his practice he sees its almost marvelous operation in the cure of disease, he reads the comparative statistics of the two schools, he beholds the system making inroads upon the old-school domain, he detects in his own text-books multitudes of plagiarisms from homœopathic works, and, last of all, he subjects the principle of similars to the test of rational examination and finds it to be not only reasonable but the *most* reasonable method of applying drugs to the treatment of disease which his mind is capable of conceiving. He believes in homœopathy because his common sense compels belief.’

The American Medical Association has it within its power to effectually extinguish this premature but natural enthusiasm of the irregulars, to set the seal of its disapproval on the revised code and its originators, and reassert in all their pristine majesty the canons of the time-honored code which, whatever may be its inconsistencies, has served a most useful purpose in the economy of the body medicale.

But let us not in our indignation at the looseness of the revised code forget that there are inconsistencies in the old. It is vastly better to be governed by a set of laws which are in the main beneficent and conservative, though some of them have out-lived the sphere of their usefulness, than to be exposed to the dangers of chaos, but better still to be governed by laws which shall in all respects conform to the demands of the modern relations between physicians. It is apparent that the New York State Medical Society have signally failed in devising such laws, but this does not signify that such a task is impracticable. There are inconsistencies in the old code. It is within the province of the American Medical Association to reconcile these. The sooner this is done the better.

We believe that the New York State Society will at their next meeting repeal the code which a very small minority of the members have enacted—a code which sets at defiance the wishes of the majority, and thus qualify themselves for representation in the National society. Until this is done, however, consistency, expediency, the honor and vitality of the American Medical Association demand that they be excluded from its councils.”



→\*WOMEN+AND+CHILDREN\*←

THE DIAGNOSIS OF PREGNANCY.

S. LEAVITT, M.D., CHICAGO, ILL.

[Professor of Obstetrics and Clinical Midwifery in the Hahnemann Medical College of Chicago.]

The diagnosis of pregnancy, from the obscurity and indeterminate character of early symptoms, and the weighty contingencies which hang upon the expressed conviction arising from examination, is one of the most trying duties which the physician is called to perform. It is further intensified by the notion so prevalent among people, that the signs of pregnancy, from the first, are, or should be, to the trained and skillful observer clearly legible.

In most cases wherein this interesting condition is suspected to exist, the woman is within marital bonds, and diagnosis is sought more from the promptings of curiosity than any other consideration. Such women, as a rule, are easily pacified with an equivocal answer. In other cases there is an entirely different posture of affairs, and diagnosis is requested not out of idle curiosity, or to satisfy a momentary whim, but from the pressure of dire forebodings. The woman is not under the safe protection of marriage vows, and, urged on by her fast-augmenting fears, or stimulated by an impunging conscience, she seeks positive knowledge. Again the physician is consulted, not by the woman herself, but by her friends. Parents, perhaps, with, or without, heart-sickening suspicions of their daughter's unchastity, desire an explanation of the objective and subjective symptoms which have come to their knowledge. In many such cases so much depends upon the diagnosis rendered, that an error will not be pardoned. The symptoms may be ambiguous, and a most careful investigation may not elicit conclusive evidence, but by the conviction expressed the physician has generally to abide. No plea of having done as well as circumstances allowed, will atone for a mistaken opinion. A confession of error will not bind up a broken heart, nor restore the lustre to a tarnished reputation. Furthermore, the physician is sometimes called upon for an opinion in cases under litigation wherein alleged gravidity is an important factor. Final adjudication in fixing responsibility, or in directing the inheritance of property, may be determined largely by the effect of his expert testimony.

CLASSIFICATION OF THE SIGNS.

The signs of pregnancy should always be classified as *relative* or *presumptive*, and *positive*, or *demonstrable* signs. Upon one, or

upon a number of the former, nothing more substantial, affirmatively, than *probabilities*, of various degrees of intensity, can be predicated. An unequivocal affirmative diagnosis ought never to be given. The presumptive evidence may be so strong in certain instances as to leave few and feeble possibilities of error, and yet experience teaches the fallacy of drawing absolute conclusions from such data. There are three signs which are generally regarded as positive, viz., foetal movements, *ballotement*, and the sounds of the foetal heart. By some teachers, however, the last alone is regarded as unconditionally positive.

#### SUBJECTIVE AND OBJECTIVE SIGNS.

In the diagnosis of pregnancy subjective symptoms should receive due consideration, but objective symptoms must constitute our main reliance. Women are too prone to draw their conclusions from intuitions and mental impressions, and as a result we sometimes have *graviditas nervosa*, disconnected, perhaps, with even the most common and essential physical indications of pregnancy.

#### HISTORY OF THE CASE.

Items of importance may be gathered from a recital of the history of the case, which should include an account of the mode of development, and the order in which the various observable and sensible signs were manifested.

#### THE MENSTRUAL FLOW

ought to be carefully inquired after. There may have been a regular return of it throughout the supposed pregnancy; or there may be complete suppression. Should the former condition prevail it will justly arouse suspicion. In that case, ascertain wherein the catamenia deviate from a normal standard. If menstruation has ceased learn the circumstances under which it disappeared, and the peculiarities, if any, which characterized the last two or three "periods."

#### PREGNANCY IN WOMEN WHO DO NOT MENSTRUATE.

Cases are on record wherein young women have conceived before the menstrual function had been established. During lactation and suspension of menstruation, impregnation often occurs.

#### "MORNING SICKNESS,"

a sign of some value—is largely subjective, and concerning it strict inquiry should be made. When was it first felt? At what times, and under what circumstances was it most troublesome? How long did it last?

When *quickenings* is alleged to have taken place, try to fix the date, and the precise sensations experienced.

#### UNRELIABILITY OF SUBJECTIVE SYMPTOMS.

With regard to information thus elicited from women, it should be observed that, while it affords valuable data to be used in constructing a diagnosis, it is liable to be wholly fallacious. The menstrual function may, or may not be suppressed, and she may, or may not have experienced morning sickness and foetal quickening. Facts are extremely liable to be distorted (not always purposely) by surrounding circumstances, and the woman's mental state.

#### MENSTRUATION DURING PREGNANCY.

It is not very uncommon for a woman to menstruate once, twice or thrice after impregnation, and cases are recorded wherein the catamenia returned with regularity throughout utero gestation. Various theories have been advanced in explanation of the anomaly, but most observers now concur in ascribing the flow to its usual source. This is rendered probable by the well established fact that the decidua reflexa does not come into intimate relation with the decidua vera, over the entire surface of the uterine cavity, until after the third month.

#### OBJECTIVE SYMPTOMS.

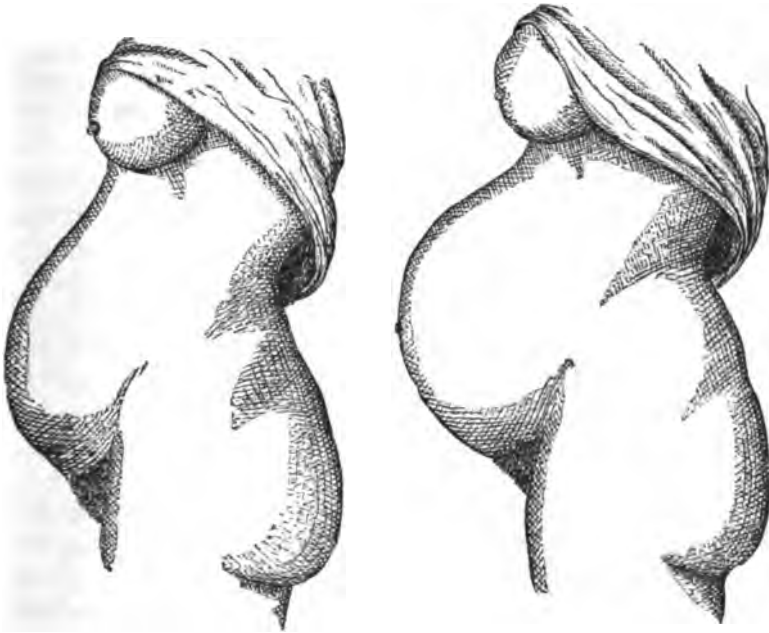
We must depend, then, almost wholly on objective symptoms as a basis for diagnosis. The same common means of investigation are available here as in other cases where physical examination is required. They are, Inspection, Palpation (including "the touch,"), Percussion, and Auscultation, the relative value of which, and the methods of most effective use will be briefly considered.

#### INSPECTION.

Inspection will aid very materially, in perplexing cases, in carrying the inquirer to a correct decision. The form of a woman who has reached the fifth month of gestation is quite diagnostic even when purposely obscured to a certain degree by the apparel. The experienced observer is often able by inspection of the form to differentiate between pregnancy and simulating conditions. The precise outline of the gravid abdomen varies, but within limits which make all cases quite similar. As we take a lateral view of a pregnant woman the abdominal enlargement is seen not to be equable, but its point of greatest projection is near its superior boundary. This peculiarity becomes more and more characteristic as pregnancy advances. The

cause of this is obvious when we recollect the form of the uterus, and the direction of its long axis, it being at an angle with the horizon of about  $60^{\circ}$ .

This lateral view is of considerable value in the diagnosis of pregnancy. Mere circumferential measurements are of comparatively little importance.



*Lateral view at Sixth month.*

*Lateral view at Ninth month.*

A front view also of the abdominal tumor, taken when the woman is either standing or lying, reveals diagnostic characters. They are more marked in the erect position. First should be observed the absence of prominences and irregularities. It is not uncommon to find a difference between the two sides in point of fullness, but it is not confined to a circumscribed area. This is generally produced by the presence of the foetal trunk, as the writer has repeatedly demonstrated. Then, too, the tumor arising from pregnancy is narrower, and more prominent along the middle line, than is the pathological tumor.

Special abdominal appearances, aside from enlargement, should be remembered. During the first few weeks of utero-gestation, the abdomen, instead of being enlarged is really retracted or flattened.

This is especially true of the umbilical region. This phenomenon has already been explained. The uterus, from its uncommon weight, proceeding in part from actual increase in size, but largely from vascular engorgement, sinks in the pelvic cavity to an unnatural level, and in doing so drags upon the bladder, which, in turn, through the urachus, causes the retraction mentioned.

The *linea alba* of the abdomen, from a deposit of pigment, loses its usual appearance.

Foetal movements are often discernable. They are sometimes closely simulated by spasmodic muscular action, when, as a means of differentiation, palpation affords positive aid.

Inspection of the breasts is a valuable means of diagnosis, by means of which the changes described in a former article (*The Clinique*, vol. iii., p. 145,) will be observed. The appearance known as the "secondary areola of Montgomery," should receive special attention.

The changes in the vaginal mucous membrane must be seen to be known, but when once familiar to the eye will afford considerable aid.

The foregoing embrace an allusion to the principal applications of this means of investigation. When intelligently employed it furnishes valuable aid in perplexing cases.

#### PALPATION.

If deprived of every sense but the tactile, the physician would still retain the means for making a positive diagnosis in nearly all cases of suspected pregnancy. This mode of examination is in common use, and is highly regarded, yet there are many, even among those long in practice, who, from lack of adequate comprehension of its possibilities, do not value it as highly as they ought. Abdominal palpation alone is sufficient, in many ambiguous cases to effectually dispel doubt. In early pregnancies it is not capable of such achievements, but when combined with the vaginal touch, it becomes a most valuable help. Later, however, the uterus, with its developing foetus, rises within easy reach of the hand, and admits of minute examination. The fundus uteri is always easily distinguishable, and its height can be clearly determined. Its peculiar form, with broad, even surface, is highly characteristic. Its lateral superficies can also generally be felt. If the examination is prolonged, the recurrent uterine contractions which are going on throughout the greater part of pregnancy, will be felt under the hand; and during their prevalence, a pretty good outline of the gravid uterus may be distinguished.

At the moment of contraction the surface of the uterus which comes under examination, when uncomplicated by fibrous growth, will convey to the hand a smooth, regular feel. In the intervals between contractions, when there is no muscular resistance, it is possible after the middle of pregnancy, to feel the foetal form through the uterine walls. At this period, and later, there is in many cases so great a relative redundancy of liquor amnii as to admit of remarkable foetal mobility. The head, if not presenting closely at the brain, as it frequently at this season is not, may easily be moved from one side of the abdomen to the other. In a modified degree this is also true of the extremities and trunk. The foetal movements, whether spontaneous or elicited, are easily felt by the palpating hand. If the abdominal walls are thin, as in women of spare habit, palpation is capable of affording highly satisfactory evidence upon which to base diagnosis.

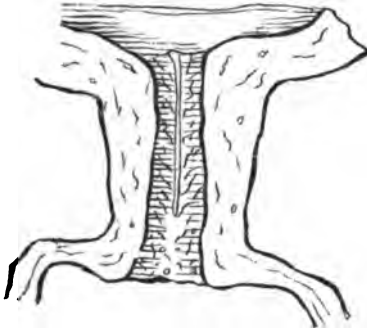
In many cases, by deep pressure, the abdominal walls below the umbilicus can be depressed until the fingers touch the spine, in which case the physician may rest assured that there is no pregnancy, or that it has not advanced beyond the third or fourth month. If in making such an attempt, resistance is at once encountered, thorough examination by deep pressure and conjoint touch, should be made, to learn the nature of it.

“The touch” is a highly efficacious mode of examination and one which, in cases at all doubtful, ought never to be neglected. By means of it several important signs may be elicited. In the early weeks, the uterus, as before observed, lies lower in the pelvic cavity than during a nonpregnant state. This condition by itself would be of no significance, and, at best, is but a feeble relative sign. After the third month, the uterus having risen so that its bulk lies above the pelvic brim, the cervix is elevated and turned backward toward the rectum, thereby putting the roof of the anterior vaginal cul-de-sac on the stretch. This is a valuable relative sign when found as a concomitant of other affirmative conditions.

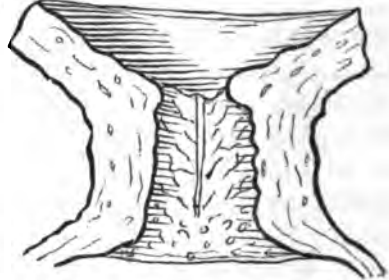
#### CERVICAL SOFTENING.

The marked changes in the cervix uteri which begin soon after impregnation and gradually progress to full consumation, have been described elsewhere. At the close of the eighth or ninth week the lips of the os uteri communicate to the examining finger a slight sensation of softness, at that time due, perhaps, in the main to

turgescence and tumefaction of the part, but doubtless attributable, in a measure, to special physiological softening of the uterine neck, dependent on other causes. The process begins at the most dependent



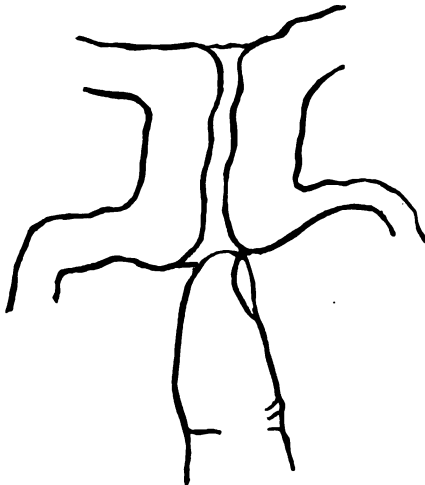
*Cervix uteri at end of Third month.*



*Cervix uteri at end of Eighth month.*

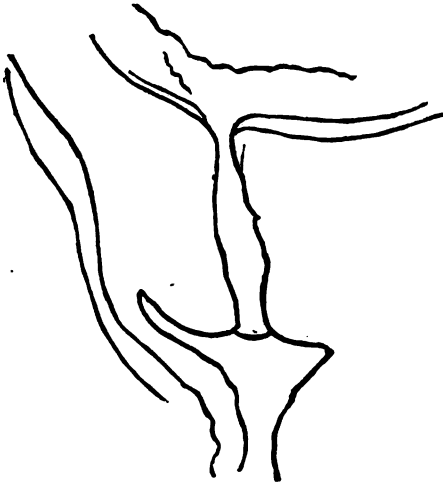
part and progressively ascends. An examination made at the sixth month discloses softening to the extent of half its length. Not until near the close of gestation is the process completed. The gradually increasing expansion and dilatability of the os uteri which accompanies the cervical softening, ought to be kept in mind during examination.

The period at which the internal os uteri gives way, so that the cervical canal becomes part of the uterine cavity admits of some diversity of opinion. It is the author's conviction (elsewhere expressed), based upon special observation of many cases, that it is not brought about until, or very near, the beginning of labor, and frequently, not until pains have been present for some time. If this is true, the progressive shortening of the cervix generally described is more apparent than real.



*Cervix uteri beyond the Seventh month.*

Allusion has been made to the diagnostic value of conjoint examination, *i. e.*, abdominal palpa-



*Cervix uteri at beginning of Fifth month.*

tion employed in connection with the vaginal touch. By such manipulation it is possible to form an approximate estimate of the size of the uterus, and hence the probability or improbability of pregnancy. It should be indulged with due caution, as harshness is liable to produce most unwelcome results.

There is a form of vaginal, or bimanual, examination, the employment of which, at certain stages, will disclose a sign of pregnancy by some regarded as positive, namely *ballotement*. It can be practiced by both hands upon the abdomen. To do so the woman must be placed on her side, one of the operators hands resting above and the other below the abdomen as she lies. By a sudden movement of the hand beneath the foetus, the latter may be displaced or tossed, and the impulse of its return communicated to the keen sense of the operator.

[CONTINUED.]

#### PROLONGED GESTATION.

In the May number of the *New York Medical Journal and Obstetrical Review* Dr. Louis A. Rodenstein, of New York, reports four cases of prolonged gestation, and remarks that the number of cases cited upon undoubted authority by every writer on obstetrics, and the cases constantly reported as occurring under the personal observation of general practitioners, go to show that prolonged gestation is not a myth, and especially that it should not be explained away by questioning the virtue of the mother. How long the duration of the period of gestation can extend beyond the normal time is not yet determined, perhaps cannot be determined, but that it may extend over two months is apparently settled. The same principle is involved, whether the uterus tolerates the presence of the child three days or one hundred and forty-five days (Professor Meig's Re-



port) after the natural term of gestation has expired. He believes that, after the uterus has performed its physiological function of gestation for the natural term, it rests from the work of gestation proper. Why does it not, then, exercise the function of expulsion? That question he does not attempt to answer, but believes that after gestation has performed its proper and peculiar work the growth of the child is complete, and it thereafter lies dormant in the womb. Otherwise the child would grow to huge size, and its delivery in the natural way would be impossible; whereas in the case cited the size of the child at the expiration of the period of prolonged gestation was normal.

### →\*THE LIBRARY\*←

MATERIA MEDICA AND THERAPEUTICS; Inorganic Substances. By CHARLES D. F. PHILLIPS, M.D. Edited and adapted to the U. S. Pharmacopœia, by LAURENCE JOHNSON, A.M., M.D. Two volumes. New York: William Wood & Co.; 1882.

The two volumes now before us are the April and May numbers of Wood's Library of Standard Medical Authors, and are the companion volumes of Phillip's *Materia Medica and Therapeutics—The Vegetable Kingdom*, edited by Dr. Piffard, and published in Wood's series in 1879.

Dr. Phillips is well known as a writer on materia medica. His chief merit consists in a pleasing style and in a peculiar capacity for picking up "odds and ends" from all possible sources and uniting them into a seemingly harmonious whole which, to the superficial reader, may bear the appearance of originality. But Phillips is neither original nor profound, and cannot ever rank by the side of Wibner, Pereira, Trousseau, or Wood.

The work is, however, most readable and often peculiarly happy in presenting to the reader stray facts too frequently overlooked by other authors on the same subjects the subscribers to Wood's Library have every reason to feel pleased with the volume; a careful study of which cannot but add to their acquaintance with drugs and drug-action.

SUPERSALINITY OF THE BLOOD; An Accelerator of Senility, and a Cause of Cataract. By J. COMPTON BURNETT, M.D. London: The Homœopathic Publishing Co.; New York: Boericke & Tafel; 1882.

"The writer having come to the conclusion that the habitual use of *too much* salt has a drying-up, senescent effect upon the organism, and that *some cases* of cataract are likewise due to [eating *too much* salt, he has brought together in the following pages some evidence tending to show that such is, at least extremely probable. The ingestion of *too much* salt renders the blood supersaline, and when in this state its specific gravity is too high and the tissues become too dry and hardened. The stroma of the lens being transparent and the lens within visual observation, we are able to watch any changes that may take place in its physical character, and if the lens become retrogressively metamorphosed, we are warranted in concluding that what

we see expressed in the lens is merely a sample of the quality of the other tissues which are beyond our field of direct observation."

Thus saith the author in his preface, and he brings forth, in the little brochure itself, an array of facts which makes his case a strong one.

The subject is one of great interest and of practical importance, and we can conscientiously recommend to our colleges a careful perusal of Dr. Burnett's work.

FROM DETROIT TO THE SEA. By W. H. BREARLEY. Detroit; 30 cents.

W. H. Brearley, of the *Detroit Evening News*, has issued and sent to this office, a copy of his new tourists' guide book for the three \$20, July excursions "From Detroit to the Sea," and return, via the Grand Trunk Railroad. The book is a decided improvement upon the former issues published annually during the six years that these excursions have been carried on, having 64 well edited and illustrated pages, and containing 43 maps engraved expressly for this year's edition. The title page of the cover is an exact copy in 10 colors of an oil painting of Glen Ellis Falls, near the Glen House, in the White Mountains, and is beautiful enough to frame.

Every one contemplating a trip east this summer whether they intend going on these excursions or not, should send 30 cents and secure one. Those who do not wish to invest *ten* 3-cent stamps, in this guide book, should send one for a circular.

EATON'S DOMESTIC PRACTICE FOR PARENTS AND NURSES.

Illustrated. By MORTON M. EATON, M.D. Cincinnati: M. M. Eaton Jr. & Co., 120 W. 7th street; 1882; Price \$3.50.

It is an open question whether, or not, the many works on domestic practice published have not done more harm than good to the profession and to the public. There are occasions when such a work in the hands of a sensible and practical party may be of great service; such occasions, however, are rare, and they are becoming more rare as the country is being filled up with doctors. On the other hand, it is presumed that the various "Domestic Practices" have done for us much pioneer-work, and the propriety of issuing such treatises has been ably defended by many of our best men; in fact some of our wisest and noblest did not hesitate to thus teach the masses what to do, and what not to do, in times of illness.

Eaton's practice aims to instruct the laity in the rudiments of anatomy, physiology and practice, and to convey to its readers such information as is needed to "keep well," and to "get well" when sick. Much attention is paid to diseases of women, to pregnancy, and to the puerperal state.

The author in his efforts to realize this aim has been as successful as any of his predecessors have been, perhaps we might justly say more than this, for Eaton covers a broader field and does it with a fair measure of thoroughness.

Physicians are frequently called upon to advise their clients in the selection of just such a work; they may safely, under such circumstances, speak a kind word for the Domestic Practice of our genial and accomplished Cincinnati colleague.

The volume is well printed on good paper and is neatly bound; it is profusely illustrated, contains over 700 pp., has a dictionary of medical terms and is well indexed.

MEDICAL INDEX. Being a Completely Indexed Note-Book for Students, and for Physicians; a General Index and Record Book for all Valuable Professional Reading and Experience. JOEL A. MINER, Ann Arbor, Mich. Price: \$3.75.

If physicians realized the very great value of systematic reading and of preserving

*in some convenient form such portions of their reading as are of particular importance*, medical men, as a class, would read to better purposes than they do, and would under no circumstances dispense with the services of a well-arranged "index." It is simply impossible to derive much benefit from periodical literature, unless all the journals are carefully indexed. The work of "indexing" is tedious, but there is a wonderful satisfaction in being able to either collect, by the aid of such an index, and within a very few moments, all the articles in our journals bearing upon a certain subject, or to find in a book like the one before us a synopsis of such meritorious articles as have appeared in the journals that come to us regularly.

Mr. Miner's "Medical Index" is especially adapted to "keeping track" of lectures delivered at college and of the salient points made in text-books or in journals, and of experiences in the sickroom. We cannot explain the peculiarity of Mr. Miner's arrangement of his index; a few minutes' study is, however, sufficient to make chaos clear; and we can heartily recommend the book as one of exceptional value. Filled with notes taken during those leisure moments which occur daily and are almost sure to go to waste, the practitioner in a few years' time, will find himself in the possession of a work infinitely more valuable to him, in many respects, than the most exhaustive and expensive treatise on theory and practice. *Try it!*

## →\*MEDICAL MEMORANDA\*←

### EDITOR'S TABLE.

Have the readers of the COUNSELOR ever used Lactopeptine in the summer diarrhoeas of infants? If not, let them try it this coming summer. I have used it with *very good* results in some of the worst cases. It may be given in the milk the child drinks. Try it as I have and you will be pleased with its digestive action.

REX.

DEAR COUNSELOR: On page 132 (line 9 from the bottom) of May 31, 1882, you say, "I insist upon being warmly covered and then *let alone* for several hours." I must confess that I have had charge of cases of labor which, at their completion, left me in a sadly demoralized condition; sufficiently so to warrant a desire on my part to "be let alone," if not to "be warmly covered" for several hours. I did not, however, in the expression quoted by Dr. King, refer to myself; it is the *baby* I want covered up and let alone for several hours. Please make the correction. H. R. A.

There has been scattered over the state of Michigan, and probably over other states, a pamphlet published by Dr. Donald McLean, of the University of Michigan, which is calculated to do great injustice to Dr. E. C. Franklin, of the homœopathic department. It would not be wise for us to enter into a review of this peculiarly one-sided publication but we are duty bound to caution our friends everywhere against accepting too readily statements therein made. Were Dr. Franklin a less experienced and less brilliant operator he would not be in the way of his belligerent opponent, and little objection would be made to him by the enemies of our department; the very greatest sin of which Dr. Franklin is guilty lies in his surgical skill, which fills his clinique at the expense of the department of medicine and surgery.

### ANOTHER OPPONENT TO HOMŒOPATHY.

W. A. CHATTERTON, Esq.—*Dear Sir*: The enclosed advertisement, cut from the cover of the WEEKLY MEDICAL COUNSELOR, is so directly opponent to Homœopathy that I do not care to take the journal longer. Please, therefore, discontinue same.

Yours,

WM. JEFFERSON GUERNSEY.

[The advertisement referred to is that of the Bruce Malarial Globules, by Messrs. Halsey Bros., a remedy that is having remarkably good success, we are told.]

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc. must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.

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## →\*MEDICINE\*←

### PILOCARPINE AND JABORANDI IN PUERPERAL ECLAMPSIA.

TRANSLATED BY T. M. STRONG, M.D., ALLEGHENY, PA.

Fehling (Stuttgart) seems to have been the first one who employed this remedy in eclampsia. His first case was a primipara, 26 years of age, albuminuric. After the ordinary prodroma she had, within a few hours, several attacks of eclampsia, each attack increasing in force and duration. Inhalations of Chloroform and two venesections (500 gr.) did not give any amelioration. Delivery occurred during coma and was followed by a fresh attack. Two infusions of Jaborandi ( $\frac{5}{100}$ ) were given with an interval of one hour. There was no return of the spasms. In another case, a primipara, 23 years of age, also albuminuric, and with a contracted pelvis, the attacks commenced after lateral incision of the neck of the uterus, which had been rendered necessary by the delay in dilatation. Chloroform inhalations and instrumental delivery did not relieve the paroxysms; four attacks followed. An infusion of Jaborandi was given and the attacks ceased.

Prochowinick had recourse to injections of Pilocarpine in an eclamptic primipara of 23 years, also albuminuric; from the onset of labor and within an interval of little over an hour, she had five very violent attacks, coma persisting from one attack to the other.

After an injection of Chlorhydrate of Pilocarpine (0.02), the pulse fell to 88, the respiration to 24, and the temperature from 394° to 382°. After nine hours the patient had regained consciousness and the uterine contractions were regular and expulsive, but pre-

page 177, vol. vii., 1882.

monitory symptoms of a second attack appearing (temp., 39°, pulse, 124), another injection of Pilocarpine was given. A few hours later she was safely delivered of a living child and had no return of the attacks. The same author reports a case of a multipara (six children), 34 years of age, albuminuric, who had an attack of eclampsia followed by coma. The rigidity of the uterus rendered futile all efforts for her delivery even with the aid of Chloroform. During these attempts the patient had two attacks, when an injection of Chlorhydrate of Pilocarpine (0.02) was given; the uterus relaxed and delivery was accomplished.

Bidder gives two cases. The first one was a primipara, 26 years of age, albuminuric, and at the eighth month of pregnancy. After the seventh and eighth attacks an injection of Pilocarpine (0.02) was given. Four new attacks followed, but they were less severe. After the last attack she was given an injection (chlyster) containing Chloral (2.0). Ten days later she was delivered of a dead child in a state of maceration. The second case was a multipara (four children), albuminuric, who had before accouchment and within a short time nine eclamptic attacks; she was given Chloral (2.0) and cold compresses applied to the head. After delivery the paroxysms were rapidly repeated until she had had seventeen, and the condition of the patient was desperate. She was given two injections of Pilocarpine each containing 0.02, and a rectal injection of Chloral (1.0). The paroxysms were repeated seven times but each one was lighter and at longer intervals. The patient did not recover consciousness until after an interval of twenty-four hours.

Stroynowski relates a case of a primipara, 18 years of age, in an advanced stage of albuminuria, who was cured after two injections of Pilocarpine (0.02), given five hours apart; this patient had had eight attacks, all violent in form and of long duration, which Morphine had failed to relieve. After the first injection all spasms ceased. Nine hours later, on account of the inertia of the uterus, the forceps were applied and the patient delivered of a living child.

Boegehold relieved a woman, 25 years of age, albuminuric, by means of two injections of Pilocarpine (0.02). An amaurosis which occurred during the eclampsia persisted for twenty-four hours. The Pilocarpine did not cause any uterine contractions. Delivery occurred at the end of three weeks, while the urine was free of albumen.

White called to a case of albuminuria, where anasarca was present

and where the urine was secreted in lessened quantities every day, gave an infusion of Jaborandi, to prevent still more serious accidents. Several attacks of eclampsia however followed. Delivery, terminated by the forceps, under Chloroform, was followed by eclampsia and repeated at short intervals, during which the patient remained in a comatose or semi-comatose state. Bromide of Potash and Chloral were then given. The convulsions were arrested but the anasarca increased, the respiration became embarrassed and stertorous, and the patient was indifferent to everything around her. Jaborandi was again given but in repeated doses; in consequence of salivation, abundant sweats and polyuria, the œdema at the end of forty-eight hours had disappeared almost entirely. Only a slight trace of albumen was present (the urine had not been examined in the beginning) the patient had recovered consciousness.

M. Budin says that Pilocarpine given in eclampsia does not appear to be absolutely without danger. In the case of Sœnger and others, there appeared, after the use of injections, severe symptoms of suffocation, due to the fact that the patients were unable to expectorate the enormous quantities of mucus and saliva produced by the drug.

The author also gives a full and interesting tabulated statement of twenty-four cases collected from various journals. The tables are too voluminous to give in full but we summarize briefly the chief features.

Seventeen were primipara, five multipara, and in two cases the the number of pregnancy is not given. Three were attacked between the 6-7 month, with one death. Between the 7-8 month six were attacked, of which three died. Between the 8-9 month and at term, eight were attacked, and all were cured. In seven the time of attack is not given, and four died. Albuminuria was present in a greater or less degree in all the cases. Anuria with symptoms of uræmia were present in several of the cases. The attacks occurred before, during and after delivery, and varied in number and severity. In nine cases the forceps were used, in eight cases the delivery was unaided, version was performed in two cases, and one was a breech presentation. In only two cases is it stated that the child was delivered alive; in eight cases the death is mentioned. In a foot-note we have: The greater number of these observations are incomplete, since the Jaborandi and Pilocarpine have been associated frequently with other remedies and, again, where death has occurred only one autopsy was

held. This was a primipara, 23 years of age, stage of gestation or state of urine not given. There was one attack twenty-two hours after the onset of labor, and six attacks after delivery, followed by coma, and before the injection of Pilocapine (0.02), and several attacks after the injection. Delivery was effected with instruments, fifteen minutes after the first attack (child weighing 2.735 gr.); death occurred one hour and forty minutes after the second injection. At the autopsy no cause of death could be assigned except the pulmonary œdema. After the injections there were cyanosis and various rales.—*Bricom, in Le Prog. Med.*

### PATHOLOGY AND MATERIA MEDICA.

P. B. HOYT, M.D., NORWALK, O.

I was very forcibly struck by a remark of Professor Woodward, made at the commencement of a short proving of Ferrum muriaticum, published in the *Investigator*, May, 1882, viz., "The medical problem of to-day, is no longer the pathology of disease, but rather, how can we cure or relieve it speedily and surely."

Perhaps this remark made a more forcible impression on my mind from the fact, that I had a conversation with a homœopathic physician only a few days ago, in which he made the study of the pathology of a disease the chief point in the case. To know the pathology of a given case, is well. To be able to *tell the name* of diseases as they come along in every day practice, and tell it correctly, is truly praiseworthy. And yet, in our opinion, all this knowledge is of little benefit to our patients. How to cure, how to relieve from pain, is surely a question of greater moment. Homœopathy does not prescribe *by the name* of a disease, but on the principle of simillia. A knowledge of the action of drugs on the human system, is then of far greater importance to us and to our patients than is pathology. Pathology is well, but how to remove morbid symptoms by means of a proper remedy is far better.

Hence a knowledge of our materia medica and its application to disease, so that we may in the most speedy and easiest manner remove disease at once, becomes paramount to every other branch of medical education. And I know, that without this knowledge no man can be a successful practitioner of homœopathy. It at once becomes imperative. Following the example of such men as Hering, Dunham and Hemple, etc., to whom materia medica was

the sheet anchor, I think you cannot find a practitioner who does not continually refer to his materia medica, nay more, who does not feel that without it by his side constantly, he would be like a ship in mid ocean, without compass or rudder, tossed to and fro by contending winds. Anatomy, physiology, pathology, sink into utter insignificance, beside the guiding compass and sure rudder materia medica. I care not how learned a man is, he may stand on the highest pinnacle of science, and yet a greater than he is that man who can mitigate suffering by knowing the forces, and adaptation of the articles of the materia medica. It is no child's play, but the work of a life-time. Surely, in this department, the more I learn, the more I thirst for greater knowledge. For I find in it the sharp two-edged sword, that enables me to successfully combat disease.

#### ON THE UNION OF SCHOOLS.

[Extract from the President's Address, delivered before the Homœopathic Medical Society of the State of Michigan, at the Annual Meeting held at Grand Rapids, Mich., May 16th, 1882.]

As the immediate result of the action of the New York State Society, the attention of medical men and of the general public is drawn to our school, and the question is asked on all sides: What are the homœopaths going to do about it? Will they show a willingness to abandon their organizations, and hereafter stand on the broad platform of the liberal physician, or will they, for selfish ends, persist in isolating themselves from the profession at large, and thus become the stumbling-block in the way of progress and development of medical science?

Policy might lead me to ignore this question and to let the future take care of its own issues. I am, however, inclined to believe that we, as homœopaths, should fully understand the issues involved, and should act with wisdom, candor, and deliberation.

Were we to take a merely practical view of this question, think of "self" only, we might easily come to a conclusion. The attitude of the dominant school toward us has ever been extremely unfair and most pronounced in its hostility; it is no less so to-day. We have gained absolutely nothing without fighting for it. We now control our own colleges, hospitals and dispensaries; city, county and state charities are under our control; we are holding positions of honor and trust under the governments of the various states and under the national government, and before long we will be represented in the army and navy; in dollars and cents our practitioners are holding their own; we command the respect and the confidence of the



intelligent in every community. All this has been achieved by the hard labor of decades of years, by thorough organization, by aggressiveness. Why make a change of base? Is it not always safe to "let well enough alone"? Truly, self motives *would* induce us to let well enough alone, particularly so in view of the fact that, so far, we have really no assurance of good faith on the part of our recent opponents, have nothing to rest upon save a few glittering generalities which may mean much—or nothing; have no cessation of unfriendly criticism or of hostilities so far as they are found in periodical or permanent literature, or even in the intercourse of every-day-life.

But, gentlemen, there are other, and higher, considerations involved in the study of this question. The desire to prove that kindly regard which we, as physicians, cherish for others laboring by our side in one grand, common cause: the relief of suffering humanity, would make it an easy task for us to forget "self" and embrace any proposition which promises to increase the usefulness of the medical profession. To us, as physicians who believe in the soundness of the homœopathic law of cure, the entire question of medical ethics and of the expediency of an eventual amalgamation of the various schools of practice resolves itself into the proposition that the generous advances so recently made by our colleagues of the dominant school, cannot greatly change our relation to the dominant schools, and that we, as homœopathic physicians, must remain a peculiar and distinctive body in the profession, until there has been proved, conclusively, the incorrectness of our law of cure, or until the entire medical profession shall fully recognize the soundness of our position on the matter of therapeutics, in other words: until all well-read physicians shall have become homœopaths. When that time comes, and not until then, will the union of schools become to us a question of practical concern.

It may be urged that, so far, our opponents have only dealt with the question of *consulting* with homœopaths; and that consultations may be had without a breaking down of the barriers which now divide the schools. I dare not, for the want of time, argue this matter, but I am bound to assert that this question of consultations is brought into the foreground only in order to create a strong feeling in favor of the breaking-down of all barriers, and a prejudice against all who dare oppose such a movement.

The question now arises, and we must face it squarely sooner or later, Can homœopaths consistently place themselves upon the platform of the modern "liberal" physician, surrender their distinctive

plea, dissolve their organizations, and accept that place in the "regular" profession, so styled, which is now being prepared for them?

Some men in our ranks would unhesitatingly answer in the affirmative; indeed, you are aware that efforts have been made to induce us to disown, as a disgraceful thing, the very name which has been made illustrious by the labors and victories of seventy-five years of constant toil, and that elaborate arguments have been made by able members of our school, calculated to persuade us that the interests of medical science and the welfare of the sick demand of us a formal and prompt surrender of those tenets which are peculiar to the homœopathic school of practice. While I am prepared to assert that I am a physician above everything else, while I claim to have at heart the advancement of medical science and the interests of the sick, I am nevertheless bound to dissent from those gentlemen who see advantages gained, either for medical science or for the sick, by a surrender of our peculiar teaching; in fact, it is *because* of my desire to see advanced medical science and the interests of the sick, that I am utterly opposed to taking a single step in the direction which points toward the disorganization of our school.

As homœopaths we claim no more and no less than this: Diseases, so-called, find their origin in some disturbance of the vital forces, are essentially dynamic in their character, and must be combatted with dynamic agencies; we claim furthermore, that the law of similars is *the* great law of cure, and furnishes us a safe, ever-reliable basis upon which to select *the* remedy for each individual case. These claims are either well-founded or they are baseless assertions; they are either true, or they are false, important scientific facts or idle fancies. If well-founded, true, important scientific facts, they place us, and will ever hold us, in an attitude of opposition toward other schools of practice; in fact, the daily practice of every consistent homœopath is a standing protest against the wild empiricism of other schools. If our position is correct, if homœopathy is a *fact*, it would be both foolish and unmanly in us to surrender one jot or title of its teaching.

Are we to be physicians above every thing else? YES! And as physicians that love their profession, who mean to do their duty by the sick, we are in honor bound to develop to the best of our ability, the medical truths which we cherish, and to do all we can to not only teach the masses the great truth embodied in our law of cure, but to develop it and our resources to the very best of our ability.

Is it "scientific" practice to give Quinine in one-third of all the cases that are brought to the physician's notice? Is it "scientific" to give Calomel because the liver is out of order, or to administer Opium because the bowels are loose? Is it right to give Morphine because a patient is suffering pain which might be *cured* by the appropriate remedy, and which will only be deadened by the opiate to return, in due season, worse than ever, and with an aggravation of the morbid condition of which it is but a symptom? Is it "scientific" to formulate some vague pathological notion, to evolve some fine-spun theory concerning sick physiology, and then change the treatment of the sick with every "pathological" wind that blows from the dead-house of some large charity? If so, then, gentlemen, let us act like men and acknowledge that we have been chasing a phantom; let us disband and, like prodigal sons, clothed in sackcloth and ashes, return to the fold of that school the highest therapeutic wisdom of which is embodied in teaching of which I have given you fair samples.

But if we cannot honestly endorse such practice, if we believe ourselves possessed of better means to cure the sick, I appeal to your honor and to your common-sense not to think of doing aught to compromise yourselves and to lessen your usefulness. It is not a question of orthodoxy or heterodoxy, of a generous liberality or a hide-bound bigotry, it is simply and emphatically a question of right or wrong, and must be treated as such. So long as we believe homœopathy to be a truth, to be right, it is our duty, as men and as physicians, to stand by it, and for it, 'though the heavens may fall. But the heavens are not falling—on the contrary, the school is shaking off its lethargy; our young men are awaking to a fuller appreciation of the important questions involved, and the very worst that may befall us is the loss of a number of those men who are eclectics in practice and homœopaths in name; and your candor, I am sure, will lead you to endorse my belief that homœopathy, pure and simple, will be the stronger for pretty thorough pruning and lopping-off of unfruitful limbs.

### →\*WOMEN+AND+CHILDREN\*←

#### THE DIAGNOSIS OF PREGNANCY.

S. LEAVITT, M.D., CHICAGO, ILL.

[Professor of Obstetrics and Clinical Midwifery in the Hahnemann Medical College of Chicago.]

(Continued from page 173.)

Vaginal *ballotement* is performed by placing the woman on her back in a semi-recumbent posture, and then, with two fingers in the

vagina, the uterine wall just interiorly to the cervix is given a sudden push in the direction of the long uterine axis. This propels the foetus away from the lower uterine segment, but it soon sinks again in the liquor amnii, and the gentle tap of its contact with the uterine tissues may be felt. When clearly elicited, it is regarded as a positive sign of pregnancy, but owing to the skill and experience required to successfully practice the manoeuvre, it has here been classified as a relative sign. It cannot be employed with satisfaction earlier than about the close of the fourth month, nor later than the seventh.

Uterine fluctuation may sometimes be felt, according to Dr. Rosch (*British Medical Journal*, vol. ii., 1873,) by conjoint manipulation—the hand on the abdomen, and two fingers in the vagina; but the delicacy of the sign renders it unreliable for general use. It is recommended as a means of early diagnosis.

#### PERCUSSION.

This means of diagnosis fills but a small niche. The abdomen in real gravidity gives, on percussion, sounds mostly flat, always dull. Should resonance be obtained over the site of the enlargement, it may justly be regarded as almost conclusive evidence of non-pregnancy. It can be employed to confirm other indications, but as a means of positive diagnosis it possesses no merit.

#### AUSCULTATION.

When Mayor, of Geneva, tentatively applied his ear to the abdomen of a pregnant woman, in the hope that he might hear foetal movements, and discovered the inaudibility of these, but heard the unmistakably clear sounds of the foetal heart, he brought within command a means of diagnosis at once easy of application, and unequivocal in indication. The foetal heart-beat is *the* positive sign of pregnancy.

The sounds have been compared to those of a watch under a pillow, but an infinitely better idea of them may be obtained by listening to the heart of a new-born child. They were first heard by Mayor by the unaided ear, but we ought not to infer from this that immediate auscultation is preferable. The author has repeatedly demonstrated the superiority of the mediate mode. The double stethoscope gives best satisfaction. The instrument may be applied by firm, or by light pressure, the latter being preferable. To properly do this it should be placed on the abdomen in such a way that it will rest evenly, and lightly, and then the fingers entirely removed.

Sounds can thus be heard which would otherwise be absolutely inaudible. This method of using the stethoscope requires considerable practice to obtain the best results.

The area of audibility depends mainly on the position and presentation of the foetus. The sounds are conveyed to the ear most intensely by solid tissues or substances; hence they are most distinct when the trunk of the foetus, at a point near the heart, comes in contact with the uterine walls, and the uterine walls are in turn brought firmly against the abdominal parietes. A dorso-anterior position of the foetus is most favorable for transmitting the impulse. The area of audibility varies considerably in extent. In one case the sounds can be heard over nearly the whole abdomen; while in another they are circumscribed to a small space. When audible over an extensive area there is always a point where the *summum of intensity* is reached. Since the left dorso-anterior position of vertex presentation is the most frequent, the sounds of the foetal heart are oftener heard on the left side below the umbilicus. When the child is in the fourth position, the sounds are also on the left side. In second and third positions on the right side. In cephalic presentation the area of audibility is lower than in pelvic presentation.

The rapidity of pulsation varies greatly, the average being about 134 beats per minute.

Observers are not in accord regarding the period in pregnancy at which the foetal heart is first audible. Practice will enable one listener to detect it at an earlier age than another of less experience. De Paul says he has heard the sounds at the eleventh week. Naegele could not distinguish them before the eighteenth week, and his experience in this regard is a counterpart of the average skilled practitioner.

What was formerly termed the "placental souffle," and regarded as a certain sign of pregnancy, is now more appropriately known as the uterine, or abdominal, souffle. This *bruit* instead of proceeding from the utero-placental circulation, and marking the placental site, is probably occasioned by the uterine and abdominal circulation, the vessels of which in places are subjected to pressure, and emit a blowing or purring sound. Large abdominal tumors, disconnected with pregnancy, also give rise to the same, or a similar *bruit*. It may be modified, or entirely arrested, by the pressure of the stethoscope.

The following summary of the signs of pregnancy may prove of service :

Period in Pregnancy,	Subjective and Subjective Signs.	Inspection.	Palpation.	Percussion.	Auscultation.	Diagnosis.
First three months.	Generally, menstrual suppression. Commonly nausea and vomiting, beginning after the fifth or sixth week. Other derangements of the digestive functions. Mammary tingling and discomfort. Certain indescribable mental experiences, repeated in successive pregnancies.	Retraction of umbilicus, and abdominal flattening. Salivation.	Prolapsed uteri. Increased size of uterus determined by conjoint manipulation. Lactation. Slight cervical softening.	Percussion sounds normal.	The fetal heart was heard by Dr. Paul at the eleventh week.	<i>Presumptive only.</i> Sometimes only a remote move from positive.
Fourth month.	Same as first three months, excepting nausea and vomiting, which is not always present. Sometimes quickening.	Slight abdominal fullness. Darkened areola, turgid nipples, and prominent follicles. Occasionally maculae in various parts. Darkened vaginal mucous membranes.	<i>Ballottement.</i> Fundus uteri dimly felt in hypogastrium. Stretching of the roof of the anterior cul-de-sac. Cervi uteri further agglutinated, or high and directed toward sacrum.	Percussion sounds flat in hypogastrium, tympanitic elsewhere.	Sounds of the fetal heart are often heard. Uterine bruit.	<i>Generally presumptive;</i> sometimes positive on the strength of <i>ballottement</i> , and the fetal heart sounds.
Fifth month.	Same as fourth month with the addition of quickening.	Marked abdominal enlargement. Darkened areola, turgid nipples and follicles, mammary secretion, secondary areola in other parts. Darkened vaginal mucous membrane.	Recurring uterine contractions. Fundus uteri nearly to umbilicus. Fetal body felt and moved. Fetal movements felt. Stretching of roof of anterior vaginal cul-de-sac. Cervix soft, in lower segment situated high and far backward. <i>Ballottement.</i>	Flatness extending.	Do.	<i>Positive diagnosis,</i> based on fetal movements, <i>ballottement</i> and the sounds of the fetal heart.
Sixth month.	Same as fifth.	Same as fifth with the addition of fetal movements.	Same as fifth. Fundus uteri as high as the umbilicus.	Flatness extending.	Same as fifth.	<i>Positive diagnosis,</i> based on fetal movements and heart sounds. Same as sixth.
Seventh month.	Same as sixth.	Same as sixth.	Same as sixth, except that <i>ballottement</i> is practiced with difficulty. Fundus uteri three fingers breadth above umbilicus.	Flatness extending.	Same as sixth.	Same as sixth.
Eighth month.	Same as seventh.	Same as seventh.	Fundus uteri reaches epigastric region. <i>Ballottement</i> impossible, otherwise same as seventh.	Flatness has almost reached its maximum of extension.	Same as seventh.	Same as seventh.
Ninth month.	Same as eighth.	Same as eighth.	Fundus uteri toward close of month subsides somewhat. <i>Ballottement</i> impracticable.	Limit of flatness reached.	Same as eighth.	Same as eighth.

→\***SOCIETY**\*←

**AMERICAN INSTITUTE OF HOMŒOPATHY.**

MORNING SESSION.—FIRST DAY.

The Thirty-ninth annual session of the American Institute of Homœopathy, held in Indianapolis, Ind., at Dickson's Grand Opera House, commenced proceedings on the morning of Tuesday, June 13, with about 250 delegates in attendance. The Opera House was beautifully decorated for the occasion. There were a number of beautiful plants and cut flowers tastefully arranged upon the stage, and never before did the beautiful house present a neater or more handsome appearance.

A few minutes after 10 o'clock the convention was called to order by Dr. W. L. Breyfogle, who presented to the delegates Rev. E. A. Bradley, rector of Christ's church, who read an appropriate passage of Scripture, after which he offered up a most fervent and eloquent prayer, the delegates rising at the close and joining in the Lord's Prayer.

Mayor Grubbs was then introduced by Dr. O. S. Runnels, chairman of the Indiana Institute of Homœopathy. The mayor made a short but pointed speech, during which he made several solid suggestions.

An address on behalf of the Indiana Institute of Homœopathy was then made by Dr. Corliss, which was quite lengthy and consisted in a large measure of a history of the science.

The welcome was cordially accepted by the president of the convention, who, in a neat address, praised the many good qualities of the Hoosier state and the citizens thereof.

The printed programme was then taken up and followed through the morning session.

The annual address of the president was then delivered by Dr. Breyfogle, the following being a few of the points therein:

He gave a brief review of the business last year, since the meeting at Brighton Beach. Since that meeting the ethics of the profession have been discussed more than ever before. There have been numerous great conventions, on both sides of the ocean, the laity have turned their attention to the progress of the science, and the illness of our late president has brought out the discussion of the science. The tendency is to demand an accurate science, but although this is too much to expect, the equipments of the colleges and libraries of homœopathy, and the developments of the practice have made it the most accurate school of medicine. He described the allopath school as demoralized by the success of homœopathy and many of its disciples abandoning medicine and taking up the more definite science of surgery, others becoming sanitarians, and others practicing according to no system. He exhibited the quarrels and divisions in the allopath ranks and urged a liberal spirit and open investigation for the homœopaths. He alluded to the principles of homœopathy as more accurate than the old school practice. There is a liberal element in the old school that is willing to work with homœopaths, and to these he extended the hand of friendship. He then enumerated some wonderful operations of recent date, showing the advancement of surgery. In sanitary science great progress had been a certain

precipitate the importance of this work. uterine, or of the dissolute habits of the people, drink, morphia, etc., was touched the utero-placenta in London, last July, was spoken of showing the advancement of probably occasioned the old countries the restrictions thrown about the practice have vessels of which in advancement that has been seen in America and have been the ing or purring sound drop out. In home affairs the new publications were noticed. pregnancy, also give us new hospitals founded. In the colleges the high standard modified, or entirely best facilities for the student. He advocated condensing the or three.

The following subjects for the annual conventions of this institute were suggested. is shown to be highly important, and the president urged the service:

separation of pharmacy and materia medica. He showed the unreliability of drug attenuations above the seventh, and called attention to a report which will be presented, showing that triturations of Aurum metallicum above the 30th are no finer than those of the 7th triturations.

A motion that the address be referred to a special committee was adopted, and the chair appointed the following gentlemen as such committee: Drs. Taylor, Dake and Willard.

Drs. D. H. Beckwith, A. C. Cowperthwaite and T. H. Orme were appointed by the chair as an auditing committee.

The report of the treasurer was read by Dr. E. M. Kellogg, of New York, and referred to the auditing committee.

Dr. Talbot, of Boston, presented the report of the Bureau of Organization, Registration and Statistics. Reports have been received by the bureau from one national, three general, twenty six state, and 102 local societies, thirteen clubs, five miscellaneous societies, twenty-three general hospitals, twenty-six special hospitals, thirty-six dispensaries; twelve colleges, three special schools and thirteen journals. Twenty-three hospitals contain 1,637 beds and have treated about 9,820 patients, as shown by their reports. The Pittsburgh hospital has been largely increased, having been endowed with \$50,000 from friends and \$500,000 from the state. The Boston hospital has also had a large endowment. The reports show that 100,000 persons have been treated by the homœopathic hospitals during the past year. There are now 6,000 alumnae of homœopathic colleges in the United States. There are sixteen journals now being published in this country in the interests of homœopathy. Delegates were urged to register so that the report may be completed. The report was referred to the publication committee.

A partial report of the board of censors was read by Dr. McManus, the chairman of the board, after which the convention adjourned.

#### AFTERNOON SESSION.

The afternoon session was called to order at 3 o'clock. The first business before the convention was the report of the auditing committee. The auditing committee reported that they had found all accounts to be correct. The report was accepted, and also the report of the treasurer, Dr. Kellogg, and referred for publication.

Dr. G. M. Ockford read a number of papers upon the Sanitation of Diseases, among which was Sanitation, Its Objects and Results, by E. W. Jones, Taunton, Mass., who made a number of suggestions and imparted information as to proper methods in preventing and curing disease, which he said was often to be traced to small and insignificant sources, hardly noticeable. Sanitation of Renal Diseases, by Dr. J. W. Harris, of St. Louis, and Vaccination by Dr. D. H. Beckwith, of Cleveland, O., were two intervening papers. The rules were suspended to allow Dr. Beckwith to read his paper. The Doctor gave a comprehensive article upon this important matter. He said that many people believed that blood poisons had been introduced into their systems from humanized virus, so the wide spread of small-pox in the past three years had made the demand for bovine virus so great that the supply could not be made, and in consequence there had been spurious virus introduced on the market and thousands of points sold and used. He thought producers of virus should be under legal restrictions, and people's health and homes protected from unscrupulous dealers. Letters, which he read from leading physicians all over the country coincide with Dr. Beckwith's views. He thinks there is great danger from inoculation with impure virus. A number of statistics were given, showing that among deaths from small-pox, they are largely in excess among unvaccinated persons. Boards of health should be so efficient that the people will look to them as protectors.

A record should be kept of those who are vaccinated, the same as of births and deaths. Dr. Beckwith's paper was greeted with applause.

A paper on Sanitation of the Exanthemata, of which measles, scarlet fever, small-pox and other diseases form parts, was read, and vaccination was claimed to be the best preventative of small-pox when pure bovine virus is used.

It was moved and carried that abstracts of the paper read be referred to the publication committee.

Discussion of the topics treated in the paper read, being now in order, Dr. Bowen, of Fort Wayne, Ind.; said that no one had seen a natural mark from vaccination since



last spring. He thought vaccination had caused more damage than good since last year.

Dr. Taylor, of Terre Haute, Ind., thinks that the alarming reports of vaccination and its consequences are a great deal like the "milk sick" which used to be in this state, "always in the next county."

Dr. Morrill, of Ohio, knows of several arms that had not been well since last January.

Dr. McManus, of Baltimore, Md., said that he had never contracted the disease, although treating it all his life, and had not been vaccinated for seventy-three years. He was vaccinated when two years old—one of the first children ever vaccinated in Baltimore—and attributed his immunity from contracting the disease to that vaccination.

Dr. Ordway, of Hot Springs, had been vaccinated lately and had typical pits.

Dr. D. S. Smith, of Chicago, said that the majority of the cases of small-pox in Chicago, especially in the pest house, was of immigrants from Europe. Nothing that he had read, nothing that he knew of, should go against vaccination.

Dr. Dudley said he does not think there is any doubt that vaccination does prevent small-pox.

Dr. Dickson, of Chicago, described the methods of obtaining virus, and his remarks were received with great interest, he having a practical knowledge of the subject. He said some heifers will give fifty points—some 500; some old cows, and even calves will give more points than heifers, contrary to the general impression. He answered a number of questions put to him by the medical gentlemen present, and imparted a great deal of information.

The afternoon session then adjourned until 8 o'clock.

#### EVENING SESSION.

Dr. J. W. Dowling, of New York, the president of the Institute for the year last past, was called to the stand and offered a resolution, permitting the allopathic physicians of New York to sit with the convention now in session. The resolution seemed to create a great deal of amusement among the delegates. The resolution related to one of the recent quarrels among the physicians of the different schools of practice, and the resolution was evidently meant to be a derisive fling at the opposite school. The Doctor was called to the stand a second time to read an article from the *New York Herald*, which purported to be an interview with the Doctor himself, and which explained the point to the resolution. Dr. T. P. Wilson, of Ann Arbor followed Dr. Dowling. One of the delegates then explained that the resolution was only a piece of irony, and, therefore, he moved that the entire subject be laid on the table, which was done.

The real business of the evening session was the presentation of the report of the Bureau on *Materia Medica*. This report consisted of the presentation of a number of papers, among which was one from Dr. Kate Parsons, of Cleveland, on *Confirmed Symptoms, Clinical or Proved, in Diseases of Women and Children*. Another paper was read on *Proving of Amorphous Phosphorus*. The papers were disposed of by motions in various ways. Discussion upon the papers read was opened by Dr. Owens, of Cincinnati. The Doctor spoke to the point of the great utility of active acid in certain forms of disease, notably that of cancer of an internal character. He was followed in the discussion by Dr. Cowperthwaite, Dr. Taylor, of Terre Haute, Dr. Branstrup, of Vincennes. Dr. Wilson, of Ann Arbor, moved that all the papers be referred to the committee on publication, was carried.

The chair then appointed Dr. J. P. Dake, of Nashville, Tenn., chairman of the bureau of *materia medica* for the coming year. This concluded the business for the evening, and the convention adjourned to meet at 10 o'clock.

#### MORNING SESSION.—SECOND DAY.

The convention was called to order at 10:30 o'clock, the president announcing the following bureau for the ensuing year: General sanitary science, climatology and hygiene. Subject for discussion, Social Hygiene, D. H. Beckwith, of Cleveland, O., chairman. Introductory paper, T. P. Wilson, Ann Arbor, Mich., Hygiene in Traveling; T. S. Verdi, Washington, D. C., Hygiene of Food and Cooking; George M. Ockford, Vincennes, Hygiene of Manufacturing; Bushrod M. James, Philadelphia,

Hygiene of Schools; W. H. Dickinson, Des Moines, Ia., Hygiene of Hospitals, Homes and Alms Houses; A. R. Wright, Buffalo, N. Y., Hygiene of Prison Life; E. W. Jones, Tauton, Mass., Hygiene of Plans of Public Assemblages.

T. M. Strong, of Pittsburgh, was made chairman of the committee on foreign correspondence. Several applications were presented by the board of censors for membership. Dr. Winslow presented a report from the committee on foreign correspondence, which was very interesting.

It related to the standing and the growth of homœopathy in Europe, which is on the increase. He was followed by J. P. Dake, who reported for the committee on legislation. This consisted of papers from several gentlemen which related to the national and state laws upon practice, and the following resolution was offered by Dr. Dake and adopted:

*Resolved*, That the subject of the rejection of the homœopathic physicians from service as surgeons in the United States Army, as distinctly stated by Surgeon-General Barnes in his correspondence with Dr. J. J. Morgan, be referred to the committee on medical legislation, with power to act in the name of the national body.

Dr. M. T. Runnels, reported for the American Public Health Association, and Dr. B. W. James, of Philadelphia, reported for the delegates to the International congress. Amendments changing a title of one of the committees and creating a bureau of medical education were reported and adopted. Dr. Guernsey, of New York, was appointed chairman of the committee on medical education, and Dr. Taylor, of Terre Haute, was made chairman of the bureau of materia medica and provings.

Dr. Dowling, presented the report from the bureau of clinical medicine, Dr. Pomeroy, of Baltimore, the chairman of the committee, being absent. A number of papers were presented under this head. They were exceedingly interesting to the profession.

#### AFTERNOON SESSION.

The afternoon session was called to order about 3 o'clock, and proceeded to finish the report of the bureau of clinical medicine, rendered by Dr. Dowling.

Dr. Mitchell made a statement of his views on the paper read by him in the morning, and gave some statistics supporting his ideas on the topic.

Dr. H. W. Taylor, of Terre Haute, does not think that some newly-made discoveries in medical science are as valuable as reported.

Dr. Bowen, of Fort Wayne, and Dr. Dowling, made some remarks on the papers of the bureau, at the finish of which the report was referred to the publication committee.

Announcement was made of the meeting of the lady members of the Institute, at the residence of Mrs. Dr. C. T. Canfield.

An invitation was extended to the members of the Institute to visit the benevolent institutions of the city, by Mr. John Fishback, was read. The invitation was accepted by vote and thanks returned.

The report of the bureau of obstetrics on Puerperal Annoyances, was read by Dr. C. G. Higbee, of St. Paul, Minn. A synopsis of the papers of Dr. H. H. Hoffmann, of St. Louis, on Puerperal Mania; Dr. Millie J. Chapman, of Pittsburgh, Pa., on Affections of the Nipples; Dr. Morrill, on Rectal Complications; Dr. C. Orms, of Jamestown, N. Y., on Meddlesome Midwifery; Dr. J. P. Mills, of Chicago, on Infantal Annoyances; Dr. Peck, of Providenc, R. I., on Statistics of the Puerperal State, and Dr. C. G. Higbee, on Nurses, and Nurses in the Lying-in Chamber. The abstracts of volunteer papers of Dr. J. W. Dowling on a difficult case lately under his charge, and of Dr. R. N. Foster, on Prevention of the Laceration of the Cervix.

Discussion of the papers read was participated in by Drs. Ludlam, Hawkes and Foster, of Chicago; Dr. Eaton, of Cincinnati, Dr. Morrill, of Ohio and others.

The convention then adjourned for supper.

#### EVENING SESSION.

The evening session followed out the programme to the letter.

The report of the bureau of ophthalmology, otology and laryngology was presented by Dr. Lewis, of Buffalo, N. Y. The papers read and discussed under this head were very entertaining. The bureau of gynæcology was reported by Dr. Minton,

of Brooklyn, N. Y., and its various papers were read and discussed with a good deal of interest by the delegates. The convention then adjourned.

MORNING SESSION.—THIRD DAY.

The convention began its session by hearing the report of the bureau of gynecology, presented by Dr. Ludlam, of Chicago. Under this bureau Dr. O. S. Runnels read a paper on Indications of Trachelorrhaphy.

The annual meeting of the Western Academy of Homœopathy at Kansas City, on June 20, was announced by Dr. H. W. Roby, of Topeka.

After Dr. Runnels' paper was discussed by Drs. McClelland, Taylor, Ludlam, Eaton, Baer and Cowperthwaite, the paper was handed over to the committee on publication.

Dr. O. S. Runnels was appointed chairman of the bureau of gynecology for the next year.

Dr. F. P. Lewis, of Buffalo, N. Y., presented the report of the bureau of ophthalmology, otology and laryngology. He read a paper on the The Brain and the Eye, and the other essays belonging to this division were referred to the printing committee. James A. Campbell, of St. Louis, was then made chairman of this bureau for the coming year.

Several applications for membership were approved.

Dr. Wilson wanted the last named bureau dropped from the list.

Baltimore was first named for the place for holding the next convention, but it was changed to Niagara Falls.

B. W. James, of Philadelphia, was unanimously elected president of the convention for the next year. The Doctor was called to the front and spoke briefly. Dr. O. S. Runnels of this city, was unanimously chosen vice-president, and he thanked the convention for the honor conferred. Dr. E. M. Kellogg, of New York, was elected treasurer; Dr. J. C. Burgher, of Pittsburgh, secretary, and T. M. Strong, of the same city, provisional secretary. The following is the board of censors: F. B. McManus, chairman; R. B. Kush, of Salem, O.; D. S. Smith of Chicago; T. H. Orme, of Atlanta, Ga.; Millie Chapman, of Pittsburgh.

AFTERNOON SESSION.

In the afternoon the bureau of surgery was called for their report. Dr. Willard, of Allegheny, Pa., read an essay on Chloroform, which was, perhaps the most interesting paper of the convention.

It was stated that the great trouble in the administration of Chloroform was the fact that people don't know how it should be given. Instead of examining the pulse to ascertain the condition of a patient under treatment, see that the respiration is perfect. When any difficulty is observed in breathing when the drug has been partially administered, stop for a moment or two until this is corrected and the patient has recovered. The drug may then be given in unlimited quantities. The Doctor said that in an experience of twenty-seven years he had never lost a case or endangered a life.

Antisepsis was the subject of Dr. McClelland's paper. Discussions were had by Drs. Talbot, of Boston; Green, of Providence; Willard, of Allegheny; James, of Philadelphia; McClelland, of Pittsburgh; Hall, of Chicago; Ostrom, of New York, and Everett, of Denver. The points presented by the various physicians were listened to with a good deal of interest by the convention, after which the convention adjourned.

The American Ophthalmological and Otological Society met at Plymouth Church during the sessions of the Institute. At the annual election, the following officers were chosen: C. H. Vilas, Chicago, president; W. H. Winslow, Pittsburgh, vice-president; F. Park Lewis, Buffalo, secretary and treasurer; T. P. Wilson, Ann Arbor, M. O. Terry, Utica, and J. A. Campbell of St. Louis, board of censors.

→\*MEDICAL+MEMORANDA\*←

EDITOR'S TABLE.

Dr. E. E. Holman has removed from Warren to Englewood, Ill.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.

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## ❖❖EYE❖EAR❖AND❖THROAT❖❖

### INJURIES TO THE EYE FROM THE EXPLOSION OF GUNPOWDER.

W. P. FOWLER, M.D., ROCHESTER, N. Y.

The Fourth of July approaches, and, as always on that day, there will occur many accidents to the eye from the explosion of gunpowder. It is therefore well to recall to mind the best method of treating injuries of this nature.

In these cases the eye may suffer in three ways :

1. From burning.
2. From impaction of grains of powder.
3. From concussion.

The burning varies from slight scorching of the lids, conjunctiva, and cornea, to actual charring of these tissues. The grains of powder may be few in number and merely adhere to the parts, or a great quantity of them may lodge in the tissues of the eye, or even penetrate to the iris, lens, and vitreous. Concussion sometimes dislocates the lens, detaches the iris, and in aggravated cases, ruptures the eyeball.

If the accident be a severe one, do not attempt to remove all the powder that is imbedded in the cornea. When possible, however, those grains that are over the pupil should be taken out, as vision is apt to be permanently impaired if the powder is left to be cast off by Nature. If the deposits are in the true corneal tissue, it is very difficult to extract them. The charcoal residue of the powder stains the tissues so that it is only by excising a portion of the latter that the black speck can be wholly removed.

To rid the eye of those grains that are simply adherent, use a spud, or a piece of paper twisted to a hard point. For excising particles that are embedded, the gouge, or a broad needle is necessary. Olive oil should be dropped into the eye two or three times a day after everything possible toward removing the powder has been done, and a bandage applied.

The remedies internally are :

**Aconite.**—For a day or two at least after the occurrence of the accident.

**Hepar sulph.**—When, as frequently happens, pus sinks to the lower portion of the anterior chamber (hypopyon), and suppuration commences around the remaining grains of powder.

These two remedies will usually do all that is necessary in cases of moderate severity. Should severe iritis occur, *Mercurius cor.*, *Rhus tox* and other remedies may be called for. *Atrophine*, 4 grs. to the ounce of water, should be dropped into the eye, and repeated as often as necessary to keep the pupil dilated. Warm applications will be found useful in hastening the removal of powder by suppuration. When the iris, lens, or deeper tissues of the eye are wounded, operative measures are usually required, and the general practitioner would hardly care to assume responsibility. Treatment of such cases will not be discussed at this time.

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## →\* MEDICINE \*←

### QUERY.

Will those who have had good success in the treatment of comedo and acne, publish what remedies they have used most successfully. We have had in some cases good results from *Juglans regia*, also from the dilutions made from a tincture of the English walnut-meat, but still many cases proved very stubborn.

F. G. OEHME.

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### CALCAREA IN INCIPIENT PHTHISIS.

LELIA G. BEDELL, M.D., CHICAGO, ILL.

In No. 66 (June 7), of the *COUNSELOR*, Dr. Arndt presents what he wisely terms a "fairly typical case" of incipient consumption, and calls timely attention to the use of *Calcarea carb.* in such cases.

The article is of great interest to me, as I have upon my note

books two similar cases except that one was more than "fairly" typical, both of Calcarea and of incipient phthisis, either of which I need not describe, but let it suffice to mention that in one case, a young lady of 24 years, from consumptive parents—both dead—with a true Calcarea physique, the pulse and temperature averaged, respectively, for months  $96^{\circ}$  and  $101^{\circ}$ . Among my notes of the case I find these symptoms frequently repeated: Hunger, sensitive stomach, which puffs out like inverted saucer. Swelling and painful glands in various parts. *Chest sensitive to touch; sore pain on inspiration. Hoarseness every morning. Shortness of breath on going up stairs.* Profuse sweats especially in early morning and on making even slight exertions. *Expectoration of sweetish mucous. Clammy, cold feet.* Menses anticipate and too profuse. Palpitation of heart. Circulation easily excited. Vertigo. Fullness and heat of head.

One need not go outside of Calcarea carb. for one of these symptoms, and all of them are more or less strongly marked for that remedy. The case seemed to be so closely a case of incipient phthisis that I gave the friends no encouragement that this young lady would not follow the course of her father and mother, whose health began to fail at about the same age.

The only remedy to be thought of, of course, was Calcarea, which she received in the 30th potency for the first month, three times a day, and later in the 200th once a day for some three months.

To-day, after two years, I look at that girl in utter astonishment. She seems as well as any person and rejoices in the luxury of living.

The second case was equally successful, but only "fairly" a typical, and Calcarea was the remedy which saved.

I am fully convinced that Calcarea would save many a victim of phthisis if we could make use of it in the premonitory stages. And one of the signs of this dreaded disease, and one of the indications of the premonitory stage, I believe usually escapes the attention of both friends and physicians. It is this: an abnormal activity, or what might reasonably be called the *working* stage. This restless activity and indomitable energy of the individual may be observed for several years, more or less, preceding the break. It may be compared to the fire in an engine when the fuel is in the stage of being all aglow; the addition of fresh fuel would cool it down temporarily, but at the same time save it from suddenly breaking up into

lifeless cinders. And this is the stage when *Calcarea* will do good and remedy the failing functions of the nutritive system, and save the victim from suddenly breaking up into tuberculosis.

### POISONING BY KALI CAUSTICUM AND ARSENIC.

F. G. OEHME, TOMPKINSVILLE, STATEN ISLAND, N. Y.

[Translated from the German for the WEEKLY MEDICAL COUNSELOR.]

#### POISONING BY KALI CAUSTICUM.

A laborer, of 46 years, inebriate, drank a solution of *Kali causticum*, supposing it to be schnaps. The liquid had scarcely entered the mouth before he spit it out on account of the disagreeable taste. For the first hours afterward, he perceived no inconvenience with the exception of the horrid taste, which no rinsing would remove. But during the following night so severe symptoms developed as to call for treatment in the morning. The epidermoidal layer of the mucous membrane in the mouth and fauces had come off and in some places large shreds were hanging. The mucous membrane swollen; tongue very red; palate and uvula keep red and very much swollen. Sensation in the mouth and fauces as if live coals were there, with constant desire to swallow and hawk, which increases the pain. Secretion of immense quantities of a mixture of saliva and mucous. Voice hoarse and through the nose. Desperate frame of mind. Pulse 120. Unquenchable thirst. *Ammonium mur.*<sup>3</sup>; every two hours; milk for drink. The burning pain, thirst, and desire to swallow improved in the course of the day, but the affected parts, especially the tongue, are so much swollen that examination is impossible. The mucus and saliva run out of the mouth in such quantities that he needs a vessel before him, amounting to about five or six quarts in twenty-four hours. He draws the breath in short, quick inhalations through the half-open mouth in order to cool the inner parts. *Mercurius sol.*<sup>3</sup>; every three hours. Already on the following day the tongue of normal size; mouth and fauces still very red and covered with tough, glassy mucus; the lower half of the uvula, the left part of the soft palate, and the left tonsil, commence to ulcerate; sensitiveness much diminished; the burning almost entirely absent; secretion of mucus moderate; sleep. On the third day no more fever; appetite. On the fourth day the abscesses on the soft palate, uvula and tonsil open of themselves. On the sixth day dismissed cured.

## POISONING BY ARSENIC.

A man of 19 years, was poisoned by the fumes of Arsenic. On the following day violent headache, nausea, sallow complexion, sunken eyes with dark rings around them; lips bluish; breathing difficult, short, and sighing. Sensation in the spinal column as if beaten and broken, especially between the shoulder blades. Stiffness of the limbs. After drinking much lemonade improvement with the exception of great weakness and crossness. Four or five weeks later, sudden loss of consciousness and delirium; violent pain in the small of the back. Apparent recovery after cupping. Two weeks later cramps of the muscles of the back and lower limbs (opisthotonus); violent contractions of the muscles of the abdomen. Violent pain in the feet when in motion. Thin, gelatin-like, bloody stools. Chloroform, leeches, plaster of Canthar, ineffectual. Ferrum candens. Recovery with the exception of weakness and drawing pain in the muscles of the back and lower limbs; discolored nails. After several baths in the "Steinbad" at Teplitz (Bohemia) profuse, mouldy-smelling perspirations with great relief. Complete recovery in three weeks. All the finger nails commence to come off.

## →\*WOMEN+AND+CHILDREN\*←

## INVERSIO UTERI.

E. A. MILLER, M.D., MT. PLEASANT, KAN.

Some time since I was called to a lady, 38 years of age, about to enter upon her fifth confinement. I found the os pretty well dilated; the lady was having little or no pain; was cheerful and in good spirits; pulse about normal. I could detect no unfavorable symptoms, so concluded to wait. Within fifteen minutes a severe bearing-down pain came on, which was followed immediately by a second, during which the child was born. I noticed that the lady gave a slight scream about the time the child made its exit into the world, and at the same time seemed unusually pale. After waiting a few moments, I took the child from the mother, handed it to the nurse, and then gave my attention to the placenta which I found lying between the thighs, and endeavored to remove it by gentle traction on the cord; but soon found that I was not able to do so. After a more careful investigation I found a perfectly inverted uterus with the placenta firmly attached to the fundus. I made an effort



to return the uterus and placenta together to its former position, but found it impossible to do so. I then with my fingers, detached the placenta from the uterus, but again failed to force the uterus up into pelvis. In making the second attempt to restore the womb to its normal position, I had endeavored to follow the method recommended in the books, by M. Clombat and others, that is: to compress the organ with both hands in order to reduce its size. But I observed the more I compressed and handled it the firmer and harder it became; in short, I seemed to excite in it after-pains, just as we excite them after the child's birth, by friction over the hypogastrium. I therefore concluded to let the uterus rest, and as soon as the organ was perfectly relaxed, to endeavor to indent its fundus, like the closed end of a glove and carry it upward. Therefore taking the moment of the completest relaxation, or softness, I indented the fundus with one finger and as it became more and more concave, I applied each of the fingers in succession, until I found that its further progress upward was impeded by the os uteri, which although completely invested, yet resisted for some time the attempt at reposition of the womb. By perseverance I finally succeeded in overcoming the resistance of the circle of the os, and the peritoneal surface of the fundus was at length forced upward beyond the os uteri, and the womb was completely returned to its normal position, but still contained my hand, which was as high or a little above the umbilicus. As no contractions came on immediately, I retained possession of the cavity of the womb, which I gently excited by manipulating with my fingers until contractions came on and gradually forced my hand into the vagina. On withdrawing my right hand I felt with my left, the womb firmly contracted within the lower portion of the abdomen, and enjoyed the satisfaction and pleasure of a complete success in this distressing case. I have said nothing of the brandy and volatile preparations, together with the proper restoratives, and the judicious exhibition of other stimulants used to keep the woman from dying, until reaction came on which engaged my time closely for several hours. The next day I found the lady in a low typhoid state with puerperal symptoms; gave *Bryonia alb.* every four hours in alternation with *Aconite*, for a day or two with marked improvement; continued *Bryonia* for some days and in a few weeks she was restored to her normal state of health. I think there are few, if any, remedies that will completely fill the place of *Bryonia* in lying-in women,

especially in cases where we find that low typhoid form combined with puerperal symptoms. It has served me well in many cases, and I feel confident that it has been the means of aborting quite a number of cases of puerperal fever that have come under my care.

### SIMULTANEOUS TRACHELORRHAPHY AND PERINÆORRHAPHY.

In a clinical contribution, published in the *New York Medical Journal and Obstetrical Review* for May, 1882, Dr. James B. Hunter, Surgeon to the Woman's Hospital, gives a number of cases of prolapsus uteri and of laceration of the cervix and perinæum, remarking that extraordinary cases are sure to be fully described, while those of every-day occurrence are often passed over as of little consequence. In the belief that the latter possess some interest and value to many readers, he purposes to present, from time to time, sketches of a few cases as they occur in his service. In regard to the performance of Emmet's operation for laceration of the cervix and the operation for lacerated perinæum, both at the same time, he states that several years ago he tried this method in an hospital patient, who could not remain long enough to have the operations done at the usual interval of two or three weeks. It succeeded so well that he has since done the double operation frequently, both in hospital and private practice, and has never had occasion to regret it. If, however, the laceration of the cervix is very extensive, or any condition exists that renders hæmorrhage probable, he always does the operations separately. Sometimes, too, it is not desirable to keep the patient long under Ether, in which case the operations should not be done at the same time. The disadvantages of the double operation are: that it is impossible to reach the cervix, if it should be necessary, without sacrificing the new perinæum; that the patient is longer under the influence of Ether; and that the sutures can not be removed from the cervix so soon. The advantages are: that the patient takes Ether only once, and that she and her friends are spared the preparation (always somewhat formidable in a private family) for two operations; that there is an economy in time, as she lies in bed no longer than if the operation on the perinæum alone had been done; that a delicate patient suffers less fatigue, and is less emaciated, than she would be after having gone through two

separate operations. He usually removes the sutures from the perinæum on the eighth day, and those from the cervix two weeks later, though with care the latter may be safely taken out earlier; while, on the other hand, there is no objection to letting them remain a month if it is convenient to do so, as they cause no irritation or inconvenience if the twisted ends of the wire are properly bent over and out of the way. While, therefore, he does not recommend the double operation as a rule, he considers it entirely practicable in many cases, and often prefers to do it.

### POLYPUS UTERI.

R. A. MILLER, M.D. MT. PLEASANT, KAN.

Some eight months since, I was called to see a lady aged 28 years, second confinement, in consultation with an old school physician whose knowledge of medicine is very limited. She had been in labor some three days previous to her sending for me, and had been drenched with all the teas, decoctions and stimulants they could think of. Upon examination I found the os thin, soft and dilated to the size of a silver dollar, with a vertex presentation. The uterus was in a passive state, perfectly inactive; from the totality of symptoms present, I gave a few drops of Pulsatilla<sup>s</sup> which soon seemed to bring about a reaction, and in about ten hours, she was delivered of a fine, large boy. On endeavoring to remove the placenta I found it firmly adhering to the uterus. In placing my left hand on the abdomen, I discovered an unusual fullness. I then made a vaginal examination with my right, and found a large globular body which seemed to fill the cavity of the uterus, and at first, took it to be the presentation of the head of a second child; but after a more careful examination I failed to find any protuberances or bony substances resembling the head, and concluded there must be some mistake. I then forced the presenting mass a little to one side and introduced my whole hand into the cavity of the womb, and discovered a large comical body extending down to the vagina and attached to the fundus of the uterus by a vascular cord-like substance about an inch in width, by one-half in thickness. Having no instrument suitable for its removal, except a pair of nippers, I used the latter by re-introducing my hand and clipping off the growth at its place of attachment. This operation was followed by some hæmorrhage, which ceased in a few moments. After removing the mass I dis-

covered it to be a very large fibrous polypus, pear-shaped, about three inches across the base by about six in length. Some authors, and perhaps many of the readers of this journal, doubt the existence of a true fibrous polypus; but be that as it may, I will dissect it up and endeavor to place it before them, and allow some of our experts to criticise it, and trust they may be able to give me a more appropriate name for it. With the scalpel I cut the mass open longitudinally from base to apex, then quartered; I then made several cuts at right angles with the first. On examination I found the whole mass invested with a serous membrane about one-eighth of an inch in thickness. A little more than half of the substance on the inside presented a dark, grayish color, and resembled very closely that of the placenta, with small minute blood vessels passing in various directions, which seemed to give nourishment to the whole structure. The other half or third, was composed of sacculated blood or blood clot. The cause of the trouble, in part at least, is supposed to have originated from premature labor, which was supposed to have taken place some months previous to confinement. The lady was in a delicate state of health for some weeks, but in a short time gained her strength; and has since, been enjoying a fair state of health.

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#### LANDMARKS IN THE OPERATION OF LAPAROLYTOTOMY.

Dr. William M. Polk, Professor of Obstetrics in the University Medical College, New York, recently demonstrated certain anatomical points bearing upon the operation of laparolytomy, before the New York Obstetrical Society. The remarks made by Dr. Polk on that occasion appear in an amplified form in the May number of the *New York Medical Journal and Obstetrical Review*. The specimen shown, taken from the body of a woman who had been murdered in the seventh month of pregnancy, was a dissection showing the relations of the pelvic contents during the latter part of gestation, and especially the course of the ureter. Practicing the operation upon this and other cadavers, the author has found that the ureters do not follow the pelvic wall to a point near the ischial spine, as in the non-pregnant condition, but that, crossing the pelvic brim at the common iliac bifurcation, the left just behind, the right just in front of, that point, they descend into the canal to the brim of the bony pelvis, the point being about the symphysis. In this course they

accompany the internal iliac artery, the right in front of the vessel, the left crossing it obliquely. Reaching the bony brim (the iliopectineal line), they leave the pelvic wall, emerging from beneath the base of the broad ligaments (in pregnancy about on a level with the pelvic brim, and carried back on a line with the synchondrosis), and take a course downward, forward, and somewhat inward, passing about midway between the pelvic wall and the cervico-vaginal junction, but approaching very closely the antero-lateral wall of the vagina, as they turn more decidedly inward, on a lower plane, to strike the base of the bladder three-quarters of an inch below the cervix, terminating in the bladder at a point (the subject being on the back) just two inches below the spine of the pubes. A line drawn from the bifurcation of the common iliac to the spine of the pubes corresponds in the main to the line of the ureters. Along this line they have the following relations to the pelvic brim (in the recent state): At the bifurcation, half an inch below, at the extremities of the transverse diameter of the pelvis, about an inch; and at the spine of the pubes, two inches below. As a whole, the tubes in the pelvis are situated upon a higher plane than in the non-pregnant condition, having been carried slightly upward while being separated from their close relations with the pelvic wall by the ascending uterus. How far they may be elevated in a case of extreme pelvic deformity with a pendulous abdomen, and the uterus correspondingly displaced, the author is unable to say, but thinks it probable that, the bladder being empty and not dragged upward, thus preserving the normal position of the vesical end of the tubes, the displacement would not be such as to bring any part of them much above the points indicated.

Another matter which Dr. Polk took occasion to investigate was the ground of the objection to operating upon the left side. In view of the strong probability that the operation can be done on the same side but once, this, he remarks, is a very important question. He did the operation upon the left side, the vessels being injected with plaster and the rectum distended. He found that the rectum offered no such obstacle as is commonly supposed, and that the operation was as feasible upon one side as upon the other. After the operation the organ was carefully examined, and found in no way disturbed. In looking at its position this was readily accounted for; it lies behind the broad ligament. In entering and leaving the

pelvic canal we cross the brim between the base of the broad ligament and the posterior surface of the bladder. This latter is about on a line with the ilio-pectineal eminence, while the former is as far back as the synchondrosis; here is ample space for manipulation and extraction.

The important structures that Dr. Polk regards as most likely to suffer are the vessels going to the uterus through the broad ligaments. These, by being stretched and dragged upon in extraction, might be torn if the sides of the incision were not carefully supported in cases requiring powerful traction.

#### ASCITES VULVITIS.

R. A. MILLER, M.D., MT. PLEASANT, KAN.

A very singular case came under my care a few days since, which I have thought proper to call ascites vulvitis, for want of a better name. I find no similar case described in any of the text-books to which I have access. The case, on first appearance, presented many new features, such as I had not met with in my previous practice during the last fifteen years. At first I was at a loss how to proceed in the case. A physician of the old school had been called previous to their sending for me; he had abandoned the case, stating that he could do nothing for it.

The patient, a young woman, 22 years of age, in her first confinement, had been having some light labor-pains for three or four days before I was called. I found considerable febrile excitement, some congestion of the liver, and nausea, the kidneys were inactive, with a disposition to frequent but scanty urination; the urine was white, thick and roapy, filled with albuminous substances; she was having some slight labor pains. The woman was lying on her back, with her knees extended at right angles to the body, and stated that she had been in this position for the last three or four days, and could find no comfort in any other position, on account of the severe tension and tenderness in the region of the vulva. On examining the parts I found the labia of the vulva on each side extended to their utmost tension and exceedingly sensitive to the touch, hanging down like two bladders about four to five inches in diameter, filled with an aqueous fluid, involving the whole perineum, closing completely and firmly the aperture to the vagina. It was with great difficulty that I was enabled to make an examination of the os uteri, but finally

succeeded in doing so ; found the os dilated the size of a twenty-five cent piece, with a vertex presentation. The operation was so severe, on account of the sensitive condition of the parts, that it produced some slight tetanic convulsions. There was some œdema of the feet which extended nearly up to the knees, that had been present for the last four or five weeks. What to do for my patient under the existing circumstances I hardly knew ; not having ever met with a similar case. I felt confident the child could not be born, without severe laceration of the parts ; or perhaps permanent injury to the woman. I first thought of introducing a small trochar and of endeavoring to draw off the aqueous fluid from around the vulva ; but I knew there was some risk in producing a sore which might cause serious after-trouble, and the probability was that I would gain little, if anything, in the operation. I abandoned the idea and concluded to first resort to other measures. Feeling confident that no one remedy covered the totality of symptoms present, I gave Nux<sup>s</sup> and Bryonia<sup>s</sup> in alternation every two hours, directed a compress to be applied to the vulva, and requested the patient to drink but little water, and to use no liquid nourishment for the next twelve hours. On the next day, when I called, the patient informed me that she had rested better than usual throughout the night, the bowels had moved some four or five times, the kidneys had become much more active, and she was feeling much better in every respect ; the genitals were much less sensitive to touch ; the swelling was reduced slightly. I could make a vaginal examination with much less inconvenience to the patient, found the os dilated to the size of a silver dollar, and thin and soft. It was evident that severe labor pains would come on in a short time. I now set about to reduce the swelling as much as possible, by making a compress of my bare hand, placing the left hand over the vulva, the ends of my fingers extending down to the anus, grasping the labia of the vulva with the palm of the hand, using firm and continued pressure, while at the same time I manipulated with the right, endeavoring to force the fluids upward, between the membranes into the abdominal cavity. This proceeding I kept up two long hours, when I had the satisfaction of knowing that I had reduced the parts to almost their normal state. Within a few moments labor came on in good earnest, and in the course of three to four hours, the patient was delivered of a still-born child, without the slightest rupture of the perineum or injury to the organs. From appearance

the child had been dead about twelve hours. The cause of the dropsical effusion, in part, I think originated from pressure of the child's head on the membranes.

The woman has since been doing well.

#### THE DISADVANTAGES OF COD-LIVER OIL FOR YOUNG CHILDREN.

According to the *Revue Medicale*, the council of public health has recently submitted for the sanction of the Academy of Medicine of Paris a report on the disadvantages of cod-liver oil administered to infants and young children. The commission on the hygiene of infancy has not yet reported its opinion on this subject; but the accusations brought against this medicine by the council of hygiene are worth notice. All physicians are aware what disastrous influence is exercised on the health of young infants by defective alimentation, and especially animal nourishment; fatty matters are as little suited to the alimentation of the newly-born infants as albuminoids, excepting always casein, which exists normally in milk, and is found to be perfectly assimilable. In fact, in the first period of life, the juices necessary for emulsifying fatty matters are almost entirely wanting. The liver, in spite of its enormous development in this stage of existence, secretes only a small quantity of bile; and the researches of Langendorf and Zweifel have proved that, in young children, pancreatic juice possess an emulsive power which is almost *nil*, or at least, very slightly marked. These physiological considerations sufficiently indicate that—far from being profitable to the infant—fatty matters, and especially cod-liver oil, can only injure its health, and gravely compromise the integrity of its digestive functions.—*British Medical Journal*.

#### →\*MEDICO-LEGAL\*←

#### SUPREME COURT OPINION IN CASE OF LIGATED PENIS.

*Jno. Brooks vs. Henry N. Clark.*—Appeal from Grayson. From the pleadings it appears that the appellee, a minor, instituted this suit by his next friend, against the appellant, a practicing physician and an accoucheur, who was employed by the appellee's father to attend his (appellee's) mother, and to render such services as are usual and necessary on occasions of child-birth; and that, on the 31st



day of January, 1875, appellee's mother was confined and gave birth to appellee, at which time the appellant was present under such former employment, and undertook to render necessary services to the appellee after his birth, and, it being necessary for the accoucher under such circumstances to tie the umbilical cord near the body of the child, and then to sever the child from the placenta; that, instead of the appellant tying the cord as aforesaid, he tied the same around the penis of the appellee and the cord remained tied in that manner for fifteen hours before it was discovered and removed. The appellee, during said time suffered extreme agony, and his life was greatly endangered by reason of the act of appellant before stated; the penis becoming greatly inflamed, mortification ensued and sloughing of the penis occurred, and continued until about one-half thereof, including the glands, were destroyed. It was proved that appellant was a skillful accoucher, having a large practice in that line. There was a verdict and judgment for the plaintiff against the defendant for \$5,500. A motion had been heretofore made to abate the action because of the death of appellant pending this appeal, which was overruled by the court. An attempt was also made to dismiss this suit, because prosecuted by next friend and not by guardian, which was not sustained, but on motion for rehearing and elaborate argument, was granted and the motion to dismiss overruled. The court (Bonner, justice, dissenting) held: We are unable to say that the damages assessed so far exceeded the actual damage to plaintiff as to show that the verdict was the result of passion or prejudice, or manifestly excessive. The nature of the injury, the probable mental suffering it will cause the plaintiff when he comes to years of maturity, were considerations for the jury. In a case of this nature, where the actual damages may include mental suffering through life, the courts can rarely set aside a verdict as excessive. We are unable to see any legal ground to do so in this case. Even if the objection that the court erred in submitting a charge on exemplary damages was properly made here, as the record was not shown that this objection was made in the court below, nor is it presented properly in any assignment of error; it is by no means clear with a verdict which, if confined to actual damages, we could wish to set aside as excessive; or that the error complained of, if error, would be fatal to the judgment. But we are of opinion that the evidence called for a charge on exemplary damages. The criminal indifference of the de-

pendant to results was a fact which the jury were at liberty to infer from the gross mistake which he either made or permitted to be made. The judgment is affirmed. Gould, C. J.—*Galveston (Texas) News.*

## →\*SOCIETY+NOTES\*←

### NEBRASKA STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

The Nebraska State Homœopathic Medical Association met in Lincoln, May 25th and 26th. Dr. B. L. Paine, of Lincoln, president; Dr. C. M. Dinsmoor, Omaha, secretary. A large number of physicians from different parts of the state were present. At the afternoon session a number of interesting papers were read and discussed. Meeting adjourned at 5:30. At 8 o'clock the members of the association and friends gathered at the Opera House, where Prof. Cowperthwaite, of the Iowa University, delivered an interesting lecture, subject, "Homœopathy, The Science of Therapeutics." Dr. Cowperthwaite is well known throughout the state and enjoys an enviable reputation both as a lecturer and a physician. After the lecture the members gathered at the Commercial restaurant, where they regaled themselves with strawberries, cream, etc., etc., and having thus fortified themselves they held another business session, which adjourned at 12 o'clock to meet again next morning at 8:30.

#### SECOND DAY'S SESSION.

The association met in the Commercial parlors at half past 8 o'clock, and put in a long morning's session, so that members who desired could return on the noon train. The meetings have been the most interesting ever held by the society, and all the M. D.'s report having had not only a pleasant time but also a very profitable meeting. The various papers were well prepared and most of them drew forth considerable discussion. The secretary reported eighty-five homœopathic physicians in the state and twenty-two new members joined at the present meeting.

The officers for the ensuing year are: Dr. C. M. Dinsmoor, of Omaha, president; Dr. B. Carscaddan, York, first vice-president; Dr. C. L. Hart, Omaha, second vice-president; Dr. L. J. Bumstead, Lincoln, secretary; Dr. F. B. Righter, Lincoln, treasurer. Drs. Paine and Sabin of Lincoln, and Dr. Brown, of Albion, Censors.

The following delegates were elected, to the Northwestern Academy of Homœopathy: Drs. B. F. Righter, Geo. H. Parcell and M. S. Sabin. To the American institute: Drs. A. C. Cowperthwaite, G. E. Brown, P. W. Poulson and O. S. Wood. To the Western Academy: Drs. Geo. A. Simmons, C. L. Hart and G. H. Neil.

Resolutions of thanks were extended to Dr. Dinsmoor, of Omaha, for his efficient work as secretary, to the railroads for the reduced rates given, and to Mr. Imhoff for the use of rooms at the Commercial. Also the following:

*Resolved,* That the thanks of the society are due and are hereby extended to Professor Cowperthwaite, of the Iowa State University, for his very able lecture on the advancement of medical science; that we hold Dr. Cowperthwaite, who was one of the original charter members of this association, and who has ever been a co-laborer with us, in high esteem both as a gentleman and as one of the most efficient teachers in the cause of homœopathy.

At noon the association adjourned to meet in Lincoln, in May, 1883.

## →\*MEDICAL+MEMORANDA\*←

### EDITOR'S TABLE.

Dr. T. L. Hazard has located at East Randolph, N. Y.

Dr. Chas. Cropper has removed from Cincinnati to Lebanon, O.

A good homœopathic physician can find an admirable field to work in at Crown Point, Ind.; a town of 2500 on the Pittsburgh, Cincinnati & St. Louis R. R. (Pan Handle road) 40 miles southeast of Chicago.

Horsfords Acid Phosphate.—Dr. Robert S. Hall of Chicago, Ills, says: "As regards the use of this preparation I have seen excellent results in three cases, viz: 1. Exhaustion from Psoas Abscess. 2. Exhaustion from Chronic Diarrhoea when patient was quite aged. 3. Exhaustion and nervous depression from lactation."

Our lady readers can hardly fail to have their attention called this week to the latest combination of improvements in that most useful of all domestic implements, the "sewing machine."

As we understand it, a machine for family use should meet first of all these requirements: It should be simple in its mechanism; it should run easily; it should do a wide range of work; it should be as nearly noiseless as possible; it should be light, handsome, durable, and as cheap as is consistent with excellence throughout.

These conditions the "light running New Home" certainly meets. It has also several very important and useful attachments and "notions" of its own, which go far to make good its claims to popular favor.

Now a great many families have been and are still using the old machines—waiting for the times to improve; waiting for the latest improvements in designs and mechanical excellence.

But why delay longer? Considering the low price at which good machines are now sold, and the improvements that have been made, now is a good time to buy, and the "New Home" specially recommends itself to purchasers on account of its superior mechanical construction, ease of management and reasonable price. Nearly half a million have been sold in the last three years, all of which are giving universal satisfaction. This unrivalled machine is manufactured by the New Home sewing machine company, 30 Union Square, New York, who wish us to say that all who will send for their new illustrated catalogue and enclose their advertisement (printed on another page), will receive a set of fancy advertising novelties of value to those collecting cards, etc.

Died.—Alden E. Rickey, M.D., was born in Tuscarawas county, Ohio, April 1, 1850, and died in Dayton, Ohio, June 9, 1882. In the year 1868 he graduated from the Fairfield University in the state of Iowa; and in the year 1871 he graduated from the Ohio Medical College in Cincinnati, and immediately entered on the practice of his profession in Toledo, Iowa. He was licensed to preach the gospel in the year 1873 and was admitted to the Upper Iowa Conference of the Methodist Episcopal Church. After pursuing the calling and encountering the trials of a Methodist itinerant preacher for about a year and a half, he discovered that his health was rapidly giving away, and it became necessary to abandon a work upon which he had fixed his heart. He moved to Dayton, Ohio, and resumed the practice of medicine. For three years past he has delivered weekly lectures before the students of the Pulte Medical College in Cincinnati, besides discharging the duties of his rapidly increasing practice in this city.

In his last illness which was protracted and exceedingly painful, Dr. Hickey was not able to converse much. From the first attack he knew he was standing on the verge of life, liable at any time to die.

#### NEWSPAPER LAWS.

1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reason for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

2. Any person who takes a paper from the post office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.

3. If a person order his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, *whether it be taken from the office or not*. There can be no legal discontinuance until the payment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post office*. The law proceeds upon the ground that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

# THE WEEKLY MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M.D.,  
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, No. 9 South Canal Street, Chicago, Ill.  
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## →\*MISCELLANY\*←

### THE BRAZEN SERPENT.

[Rev. Myron W. Reed's remarks to a toast at the American Institute of Homœopathy.]

"The Brazen Serpent"—the first example of *similia similibus curantur*. This principle, so popular in the camp of Israel, and followed by the good through the ages, increases its potency the more it is "lifted up."

To which Mr. Reed responded as follows:

Some time ago it occurred to me in reading the story of the brazen serpent that there was something in it that an ingenious doctor of the Hahnemann school might make a great deal of. I wish now that I had left it for him to do. You are, or ought to be, familiar with the story. The children of Israel marching through the wilderness became demoralized, and as a punishment of disobedience, serpents were sent among them and they were bitten.

The cure was a singular thing. A brazen serpent was set up in the camp—made in the exact image of the serpent of the burning bite—and whosoever looked upon this likeness of the thing that had poisoned him lived. I find that in Egypt the serpent represents wisdom, and the serpent also represents fallen wisdom, which is cunning, and cunning allied with the devil is beaten and overcome by wisdom, which is of God.

The same thing is seen in the contest between the magicians of Egypt and Moses and Aaron.

The snakes of the magicians are swallowed up by the serpent of Moses. The form of the conquered and the conqueror is the same.

These cases are not exceptional. They are according to the laws. I find that the remedy for work is not idleness, but work. The weary head of the student is relieved by working his feet.

page 209, vol. vii., 1882.

I find that a ten mile tramp is better for me on Monday morning than sleep or even a ministers' meeting. One month's hard fishing for fish will cure any eleven months' weariness in fishing for men. The method is the same. The graduate of the Lake of Galilee is prepared to be the rock of the Church, the apostle of the Pentecost. It is idle to tell a person who is in a worry over a little thing "not to worry."

This is better. Get him into a worry about a great thing and the greater anxiety will swallow up all the small ones.

The men who are anxious for the good of man and the glory of God are not anxious about meat and drink. Love for low things and base things perishes in a great love for noble things. A man in love with a good woman looks down in shame at the things he was level with and complacent about. He has risen. Now he has a delight in mountain and sea, and the foaming rapids of the wild river. Now he reads poetry, and not infrequently makes a desperate attempt at writing poetry. "To the hall of the feast came the sinful and fair." What brought her to her sad estate? Love. What will cure her? Scorn? Contempt? Oh, no. She will answer scorn for scorn. What will cure her? Love.

Of the great pity of Christ a great love is born, and on the tide of this emotion all her sins are swept away—blotted out. She is a new creature—"much forgiven because she loved much."

We who have much to do with children find that bad books are reformed by gentle displacement—substitution. "The Life of the James Brothers" may be taken away, and what shall we put in its place? "Boston's Fourfold State?" or "Edwards' on the Will?" No. There are as good books of as wild adventure as has been known by any Missouri bandit.

We will displace "The Life of the James Brothers" by "The Life of Daniel Boone," by the story of "Lasalle," of "Miles Standish," and so lead the boy gently along to "Plutarch's Lives," and from "Plutarch" to "Luke's Lives of Saints."

I have seen a small boy in the chimney corner scorch his head over "Pilgrim's Progress."

He could not go to sleep until he knew that the giants were dead and that "Great Heart" was safely on his way.

The secret is to substitute a new green leaf for a dead one, as nature does, gently.

"The Hop Picker's Secret on the Bluffs of the Baraboo" may have been an interesting novel. One of our best lawyers takes this kind of literature with him on a summer vacation, and coming home I find some of it in my valise. "When men slept the enemy came and sowed tares." But the "yellow covered" is beaten in its own line of interest by the book "Two Years Before the Mast," by the "Journal of Dr. Kane," by "The Cruise of the Polaris" and "Jeannette," or by any story of Dickens.

People complain that the Indian hunter and warrior by centuries of habit does not at once, at a signal from Washington, become a farmer, a "tater-raiser." It cannot be done. It required four centuries to make a Norman savage and pirate into an English farmer. What can be done? Make the Indian into a farmer by natural steps. Horse-taming and herding are wild and free, not unlike war and the chase. There is a call for the same qualities. Already the Chippe-way will chop, but he draws the line on shoveling. And so do I. Give us time and lead us gently and we will honor the spade as much as our forefathers did the bow, although I do not think that we will write as good a song about the useful implement. Perhaps Tupper might write one of his songs.

We who have known grief have at last found a cure for it. Not in thinking about it does surcease lie—not in fighting it by going to theatres and by taking morphine.

"No soothing syrup of the earth will medicine us to sleep again, that sweet sleep we had but yesterday." What will? Pity—pity for the greater grief of others. In this our smaller personal grief is lost—"slips like the dewdrop into the shining sea." Florence Nightingale has her own private loss and sorrow, but when she walks among the dying and the grateful in the awful wards of Scutari, how little she thinks of herself.

In a great and holy employment our personal griefs that seemed once, when we were idle, like globes of fire, are become mere sparks, and soon go out.

"Let me first go and bury my father." "No," said the Master, "there is no consolation in that to him or to you. Go preach the Gospel to the living sick and poor. There is consolation in that." Life is very precious. All that a man has he will give for his life, and he sits around and thinks and talks about his health and turning

his eyes in on his own insides, weighs his food and keeps a diary. The state of his stomach and the state of his soul absorb him.

Now give him anxiety about other people, turn the thoughts up, and for the sake of friend or cause or country or Christ, he will count his life worth less than the dust on his sandals.

To lose the less in the greater is the secret of health and life and power. In the thought of the present opportunity the past is forgotten and in the thought of the future the sufferings of the present are not much remembered.

### →\*MEDICINE\*←

#### PRACTICAL NOTES ON HEADACHE.

EDWARD T. BLAKE, M.D.

When I left college and began straightway to make acquaintance with the responsibilities of private practice, I encountered, amongst other "legacies of woe" inherited by our much-suffering race a vast and varied array of headaches.

In each case a correct diagnosis must be arrived at; and even then, alas! the problem was not half solved. If I dare to think of that time, there rushes back vividly to my mind the dismay about diagnosis and the chaos of remedies to be selected from. Then come to memory the discouraging hours spent in laborious, perplexed study of Bœnninghausen's pocket-book [what huge pockets the doctors must have had!] and "the big Jahr."

Since that time, however, fifteen years of perpetual practice have brought at least the power of quickly relegating to their right position most of the headaches for which ordinarily medical aid is sought; and, what is far more important than a facile diagnosis, the knowledge of what reliable weapons there are ready at hand, with their relative value.

#### FACE.

Adopting, for the sake of simplicity, an anatomical arrangement, we will commence by considering the headaches which implicate the face.

Pain at side of nose, with vomiting, will remind us of acute glaucoma, and will induce us to think of Hellebore 6, Apis 1, Mercurius cor. 3x.

Approaching the glabella, gravedo is promptly relieved by Nux 1, aided by the compress.

Retinal neuralgia, Spigelia 1x or tinct.

Pain back of eyeballs, Bryonia 1x.

Orbital pain from injury by Conium 1x (success).

Supra-orbital pain, usually neuralgic, and that of a dyspeptic character, is common in business men, and if on the right side is met by Chelidonium 1x or tinct.

If on the left side by Kali bich. 6-2 or Argentum nit. 6.

In female patients it frequently means more than a stomach-neuralgia; it points to a grave general disturbance of the digestive and assimilative processes, the result of chronic pelvic change, usually in the cervix uteri.

This is a very beautiful example of the wonderful way in which homœopathy links pathogenesis with pathology, the left supra-orbital medicines being well known to have a cervical affinity, *e. g.*, Argentum nit., Sepia, Kali bich., and Sulphur tinct.

The last-named remedy reminds us of Dr. Cooper's valuable clinical observation, that if the pain culminate to mid-day or midnight and then slowly fade away Sulphur is the right remedy.

#### FOREHEAD.

If from constipation, Nux 3x for the attack, and Lycopodium 30, Podophyllin gr.  $\frac{1}{10}$  to gr. 1, Argentum nit. 6, for the tendency.

Bryonia 1x if with pain at posterior orbit (rheumatic).

Belladonna oddly enough is used incessantly by the lay adherents of homœopathy for the cure of headache, but much more rarely by thoughtful practitioners.

Do laymen abuse the drug, or do thinking men neglect it?

The fact is, the condition more especially demanding Belladonna, *viz.*, acute arterial cerebral congestion, is not a common one.

Gelsemium 1x and tinct., is a capital remedy in nervous headache with pseudo-congestion of the brain, and with perversion of vision.

#### TEMPLE.

Ignatia 1x stands at the head of the list, *facile princeps*. The allopaths get success with Strychnia, and it must be remembered that though theoretically Strychnine is the alkaloid of the vomica nut, practically the operative chemist obtains it from the bean of St. Ignatius, because of its cheapness.

When Ignatia fails Cicuta 6 or Spigelia 1x may be tried. The use of coffee as a beverage must be strictly forbidden.



The temple is a favorite *locale* for specific headaches. They will be diagnosed by general history, by increased nocturnal intensity, by being aggravated by alcohol, and by persistent tenderness of periosteum under pressure, especially along the temporal ridge.

Ignatia has also, in my experience, relieved the greatest number of parietal headaches.

#### VERTEX.

Perversions of vertical sensation are not often found in the male subject, hence we can readily understand that they are in some way related to some of the organs or functions essentially feminine in their character.

The uterine headache *par excellence* is frontal; but if, as so frequently happens, the ovarium takes on morbid action, its chief reflex sympathies are displayed at the vertex.

Hence Lachesis 6 is so useful a remedy.

Cuprum sulph. 6 I have found curative in burning at the vertex.

Glonoine 12-6 in throbbing, and Amyl Nitrite 1x in flushes culminating at the vertex.

Sir William Jenner taught in his inimitable clinical lectures, that occipital headaches meant "stomach." With all due deference to so great an authority, I think they may as accurately be said to mean "heart."

This form of headache, when neuralgic in character, is extremely common in emphysematous subjects, whose lung affection is complicated by a dilated heart.

The undoubted specific is Quinine, from half a grain to two grains after breakfast. If we combine with this a few grains of Ferri phos. after luncheon we will earn the gratitude of the busy and energetic sufferer. The use of tea and tobacco, whilst they sometimes give temporary relief, greatly aggravate the tendency. These patients are curiously unable to withstand the effects of carbonic acid gas in a room. Small doses of alcohol taken late in the day help to ward off the attacks, but decidedly intensify them when present. They are most relieved by starvation, by the recumbent posture, and by dry heat; if the attack be mild, the distraction of agreeable society may remove the unwelcome guest, but a severe seizure renders perfect isolation an absolute necessity. Irritability of temper and enuresis are usually marked features in this variety of headache.

This kind of headache is most frequently met with in men because

of the greater activity of their lives, but it is not unknown to the softer sex, when they become markedly emphysematous or when long-continued pelvic irritation has set up one of those curiously accurate imitations of heart-disease with which all gynæcologists are so familiar.  
*Hom. World.*

### PHENIC ACID, CONSUMPTION AND DIPHTHERIA.

In this late phenic acid craze which has burst upon Chicago we witness the tendency of the public mind to accept as facts what in reality are only assertions of belief. Now phenic acid sounds well to the average mind, which is too busy with active duties of life to investigate the subject. Even saleratus does not sound at all familiar to us when spoken of as potassium bicarbonate; and common salt almost loses its savor, at least to the ear, when we hear of it as natrum muriaticum. We have detected the unsavory scent of carbolic acid in all our homes, until we have grown quite familiar with its antiseptic qualities as a common disinfectant for sink and water-closet, but when a French savant, through an interpreter, tells us of a wonderful new agent, phenic acid, which is a panacea for all our ills (providing always that our ills are of zymotic origin and hatch out of bacteria germs, as they are presumed to do) we do not at once recognize the stranger as our old friend carbolic acid, which in truth it is—only this and nothing more. It is the original name for carbolic acid and the identical substance, being a product derived from coal-tar in the destructive distillation of coal, in a similiar manner as creosote is a product from the destructive distillation of wood, and which substance it closely resembles.

We all know and admit that carbolic acid, or, to give it its more obscure name, phenic acid, is a good antiseptic and an effective destroyer of germs. We know also that it is a powerful caustic and capable of destroying tissues as well as germs. But the public mind perhaps does not know that the germ theory of disease is rejected by some of the best scientists of the age, prominent among them the eminent student of animal tissues and medical microscopy, Lionel Beale. We are told that diphtheria is caused by the presence of bacteria in the tissues of the throat; and now some one appears to tell us that consumption is caused by a parasite in the lungs. All of which reminds us of Charles Dudley Warner's method of scaring small boys from his melon vines: "Beware of these melons; they

contain protoplasm!" was painted upon a board and posted in his garden. In like manner science posts up a placard, "Beware of bacteria! They have been found in certain diseases!" But they fail to add, as also might Charles Dudley Warner have added, "and everywhere else!"

The theory of the disciples of phenic acid is this: that disease is due to the presence of living germs, bacteria or some similar parasite, and that phenic acid, being the best known antiseptic and germicide, is therefore able to restore and maintain health by virtue of its power to destroy germs. The fact which, however, needs most to be known, is that bacteria are found everywhere, in healthy and also well as in disease. It is true that diseased states and death of parts favor the development of their germs; that the presence of pus or tubercle evidently forms a favorable nidus for their multiplication. But that they have anything to do with the health or the disease of a part, is by no means an accepted fact. They are in every tissue of the body, in the air we breathe, the food we eat, and the water we drink. Every person who is familiar with finer microscopical work is familiar with the fact that so far from being startled by the discovery of bacteria in any substance one only wonders if there is any substance which does not contain them.

The bacteria germ is only about a hundred-thousandth of an inch in diameter, requiring a magnifying power of 2000 diameters, or more than thirty times less than the blood-cell, of which the body is supposed to contain some twenty-five billions, each of which, as may be seen, might contain a small colony of bacteria germs and still have plenty of room. And there is really no reason to suppose that any tissue of the body is vitiated by the presence of these low forms of life any more than the air is vitiated by the presence of insects. It is true, however, that all putrescent substances swarm with bacteria, and that the life and health of tissues hold their more active development in abeyance. But precisely the same remark applies to the deposition and development of the germs of flies in putrescent matter; and certainly no one would claim that flies were the cause of putrescence, and therefore the cause of certain infectious diseases!

Nothing could be more absurd than to pronounce consumption a parasitic disease simply because a few observers in very isolated cases have discovered parasites in the products of this malady, while older and more careful observers have been studying the morbid products

of the disease for years without finding grounds for arriving at any such conclusion.

I would not for one moment undervalue any of the virtues of carbolic or phenic acid, or fail in appreciation of what it has accomplished as a disinfectant and antiseptic agent. But before we pronounce it a panacea for consumption and diphtheria because these diseases are caused by a parasite, we must first be sure that our major premise is correct, which is truth as far from being demonstrated. What we want in medicine is more independent personal thought and study and less blind acceptance of authority. And while it is our duty and privilege to put ourselves in an attitude of becoming docility upon the phenic-acid question, let us by all means try to save our patients and ourselves from the humiliation of repeating another craze like the blue-glass experience, still so fresh in memory. And before we advise people to inject Phenic acid or any other acid into the blood it would be well to recall the fact that healthy blood is always of alkaline reaction, and that the fluid excretions and the exhalations of the body very plainly indicate that nature seeks to rid herself of acid in the blood.

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#### EPILEPSY.

Case 10.—Unmarried woman, aged 32; robust constitution. No hereditary predisposition. Exciting cause: concussion of brain. Aura: sad, heaviness of head, aphasia. Ill for eleven years. Two to three fits weekly, Constant lachrymose disposition. Ignatia 12, two doses per diem, then pause for a week, and so on. No fit for six months. The next four months two slight fits, which recurred the following months. Bufo 12. Thereafter two slight fits, and since then, three years, no more. Cured.

Case 15.—Woman, aged 31; good constitution. No hereditary predisposition. No ascertainable exciting cause. Duration, five years and a half. Aura: fear and anxiety. Two months after the birth of her fourth child, several fits in rapid succession, then a pause, and three months afterwards three fits. Bites tongue. Pale face. Convulsions chiefly in the lower extremities. All the symptoms of hyperæmia of the brain. Belladonna 6 dec., four times daily. One month later one fit, and then one fit in six months. Belladonna 6 dec., two doses per diem for a week, then pause for a week. No fit the next three years. Cured.

Case 15.—Boy of 14; strong constitution. No hereditary predisposition. No ascertainable exciting cause. Duration, one year. Aura: headache. Two to three fits per month at indefinite times. Bites tongue, flow of urine, vomiting. Belladonna 3 dec., two doses daily for a week, then pause for a week, for three months, going up to the 12th dec. One month afterwards one fit, then no fit for two years. Belladonna 3 dec., as above. After these two years, regularly at the time when the fit used to come on, headache without a fit. Atropine 4 dec., two doses daily, with weekly pauses as above. After this neither headache or fit for five years. Cured.

## ✣SURGERY✣

### SURGICAL TOXÆMIA.

J. G. GILCHRIST, M.D., DETROIT MICH.

[Read before the College of Physicians and Surgeons, of Michigan, May, 1882.]

#### V.

At our last meeting we studied, in some detail, the condition of septicæmia, and are now brought, in natural order, to the second department of our subject, namely,

#### PYÆMIA.

We have found, or may assume it, that septicæmia represents a disturbance of nutrition chiefly or entirely in connection with the lymphatics; it may now be stated, that when the disturbance reaches the blood, and a tendency to the formation of thrombus, through an increased "fibriniferousness," as Simon calls it, we have reached a stage far in advance of that represented by septicæmia, but which has only a partial relation thereto, inasmuch as this "thrombollosis," as many English writers term it, may appear entirely without such relation, appear *ab initio*, as it were.

Pyæmia, literally means "pus in the blood," or purulent blood, and is a term born at a time when suppuration was very differently appreciated from what it is to-day. It was supposed that pus found entrance into the circulation, and was carried to different parts of the body forming nuclei for abscess wherever lodged. The main features of pyæmia, as serving to distinguish it from septicæmia, both in cause, progress and termination, are its acute character, regularity of the rigors, and formation of abscesses, in various and widely separated parts of the body, known as multiple or metastatic abscess.

In the large majority of cases, the first symptoms of septicæmia appear within three days from the reception of injury. In cases of traumatic origin, pyæmia rarely, if ever, appears until after septi-cæmia is well established, appearing as a sequel to that process. But the symptoms are so marked, and there is such a radical change in the character of the malady, that none need be led into error. The temperature, it has been shown, in septicæmia is never below normal, unless a fatal issue is imminent, and does not run very high above. In pyæmia, on the contrary, there is a marked want of periodicity in these fluctuations; in the course of a few hours there will be a variation of eight or even more degrees, giving a characteristic appearance to the chart. It will fall, with no premonitory indications, a degree or two below normal, and in a few hours will shoot up to five or six above; instantly, almost drop down below its starting point, fluctuate between that and a degree or two above, and then shoot up again, in favorable cases not reaching its former altitude.

The long needle-like marks in a pyæmia thermograph have become diagnostic, with me, and once, if not oftener, the first appearance of that kind enabled me to lead the case to a successful issue by anticipating treatment some hours before any other physical signs were present. The commencement of the process is usually, indeed always, introduced by a chill or rigor, followed immediately by a considerable rise in temperature. The chills are repeated at intervals, at times as regularly as in intermittent fever, at other times irregularly. The diagnosis of pyæmia is confirmed as in proportion as the chills are regular or frequently repeated. Fever of a continued character appears, often having many of the characteristics of hectic; there is much mental disturbance—rarely an active delirium, but an apathetic or semi-comatose state; the face has a peculiar bronzed or muddy appearance; emaciation is considerable and rapid; urine is scanty, bowels inactive, skin dry, and the teeth covered with sordes. The eyes look dull and lifeless, bed sores may appear, and the exhalations and breath have a peculiar sweetish nauseous odor. So far the symptoms are common to many forms of asthenic fever, but more characteristic ones are wanting. There is visceral complications, early in the case, particularly in the liver, spleen, and lungs, later other organs may suffer, and post-mortem examination reveals numerous abscesses scattered through the substance of the parts involved. Thus collections of pus are called metastatic abscesses, and

are the central symptoms of pyæmia, without which a diagnosis can not be made, and with which the diagnosis is verified. Accordingly all those who recognize a difference between these surgical toxæmia have devoted much attention to the study of the etiology of this form of abscess. To show the difficulties under which the opposite party labor, let me call your attention to the remarks of Dr. Delafield (Inter. Encyc. of Surgery, I, p. 204), the latest writer on the subject: "But, as Koch says, the names pyæmia and septicæmia no longer express what was originally meant by them. For pyæmia does not arise, as was formerly supposed, from the entrance of pus into the blood vessels, nor is septicæmia a putrifaction of the living blood. These have only remained in use as general names for a number of symptoms, which must probably belong to a series of different diseases. In this article the word pyæmia will be used as a general term to designate the entire group of cases." And again on page 207: "It is impossible to describe the symptoms and lesions of pyæmia, as we can those of a definite disease. The best that can be done is to enumerate the different conditions which are commonly spoken of under the the name of pyæmia, and to describe the symptoms and lesions which belong to such condition." The result of this attempt, as illustrated in the chapter from which the extracts have been made, has been to leave the student in a state of hopeless confusion, and which would well-nigh paralyze therapeutic effort if more rational treatises were not obtainable. When the time arrives, as it is hoped it may, when our knowledge of drug action will extend from the most remote prodromal lesion to the fully developed malady, accuracy in our practice can only be obtained by possessing equally exact knowledge of morbid action. It ill-becomes us, therefore, to ignorantly and unquestioningly, adopt all the teachings of the day, particularly when they are avowedly designed to simplify nosology by grouping allied conditions under a single name. It is *our* part to individualize morbid phenomena, to a far greater extent than has ever been the case hitherto. Let us, therefore, enquire at some length, the meaning and origin of metastatic abscess.

All observers recognize the fact that the first gross lesion, as regards the condition of the blood, is the formation of thrombus or clot in the veins. There is little question that this thrombus is due to two factors, first an increased coagulability of the blood, and second an excitant to such coagulation. The question of increased

“fibriniferousness” of the blood—as Simon calls it—is practically impossible of solution in the present state of knowledge. Some writers doubt if fibrine is a normal constituent of blood, a merely accidental ingredient. An objection to this theory, it seems to me, is found in the fact that blood coagulates readily under all circumstances, when drawn from healthy veins, the coagulation being due to the fibrine contained therein. I think it must be admitted that fibrine is a normal element. Admitting this to be the case, there is a question as to its significance: is it representative of tissue-making elements, or of retrograde metamorphosis. A suggestion of a plausible elucidation is found in the fact that blood increases in coagulability in proportion to the increase in the intensity of the inflammatory process. Inflammation representing a state of exaggerated waste, excessive production and deficient organization, the presumption is entertained by many of our best pathologists, that fibrine is the result of past perfection. Now inflammation, arising idiopathically, represents one of contrary states of the blood, poverty or plethora, and either state, whilst practically contradictory, furnishes the same elements favorable to coagulability. In the former we have plastic material which the forces of organization are inadequate to appropriate; in the latter, we have an excess of these elements beyond the need of the body. In either case there is, therefore, a preponderance of fibrine, and a condition of the blood favoring coagulation or proper incitement.

The coagulability being provided we have next to search for the probable exciting cause. We find this three-fold: the introduction of a nucleus into the current of the circulation; anatomical factors relating to the arrangement and distribution of the vessels, and physiological abnormalities, particularly with reference to the phenomenon of circulation, as retardation, remittency, or some similar disturbing force.

[CONTINUED.]

### →\*SOCIETY+NOTES\*←

#### WESTERN ACADEMY OF HOMŒOPATHY.

##### FIRST DAY'S SESSION.

The Western Academy of Homœopathy met in eighth annual convention at the Coates' house Tuesday afternoon, June 20th, for a three day's session. Delegates and visitors from nearly all the western states were present. They were joined by the local representatives of the homœopathic school of medicine, and everything passed off in a very pleasant and highly satisfactory manner.



At 3 o'clock P. M. the convention was called to order by President E. M. McAfee, of Clinton, Iowa.

Dr. William D. Foster, of Kansas City, then stepped forward and delivered, on behalf of the Kansas City physicians, an address of welcome.

At the conclusion of Dr. Foster's address, Dr. A. S. Everett, of Denver, Col. first vice-president, replied on behalf of the visitors.

Dr. H. W. Roby was then made secretary in the absence of the regular secretary, Dr. C. H. Goodman.

The chair then appointed the following gentlemen as an auditing committee: Drs. N. A. Pennoyer, L. Pratt and P. G. Valentine.

Drs. G. A. Hall, T. D. Abell and H. M. Bascom were appointed a committee on credentials.

It was moved and carried that a stenographer be employed to keep a record of the deliberations of the convention for publication in pamphlet or book form.

The chair appointed as board of censors, Drs. R. F. Baker, N. B. Delamatar, Mrs. S. H. Harris, L. Pratt and P. G. Valentine.

Dr. R. F. Baker was made temporary treasurer in the absence of the regular treasurer, Dr. Foote.

The secretary reported that the proceedings of the society for the past two years are nearly ready to be issued in book form. The publishing committee also reported to the same effect.

A resolution offered by Dr. Valentine, providing for the appointment of new chairmen for the different bureaus for the ensuing year, after each have reported, was adopted.

An amendment offered by Dr. Hall was also adopted, confining the papers presented by each bureau to the discussion of one topic.

The convention then adjourned to meet in Coates' Opera house at 8 o'clock P. M.

At the appointed hour the members and others assembled at the opera house, but owing to the storm the meeting was postponed until 8 o'clock Wednesday evening at the same place. Mayor Bullene will then deliver his address of welcome and Dr. McAfee, president, will respond on behalf of the Western Academy of Homœopathy.

#### SECOND DAY'S SESSION.

The second day's session of the Western Academy of Homœopathy convened at the Coates house at 9:30 o'clock Wednesday morning. President McAfee occupied the chair, and Dr. W. H. Roby, the secretary was present, with a large attendance of members of the organization.

The association took up first the report of the committee on revision of the constitution, which made a number of material amendments, all of which were accepted and carried unanimously.

Following this came the presentation of an able, though somewhat extensive paper upon the subject of Protection of the Public Against Venereal Poison, by Dr. R. F. Baker, of Davenport, Ia. The question was of such importance that it was then taken up and discussed at length by Dr. Hall, of Chicago; Dr. Campbell, of St. Louis; Prof. Crawford, of Cincinnati; Dr. Bascomb, of Ottawa, Ill.; Mrs. Dr. Harris, of Galena, Ill.; Dr. Delamater, of Chicago; Dr. Blunt, of Topeka; Prof. Phillips, of Cleveland, and Dr. Pratt, of Wheaton, Ill. All phases of the question were touched upon, there being several opinions expressed, and no definite conclusion reached, except that the young should be warned against the practices which expose them to such terrible consequences.

The Sanitary Science of School Education, was the title of a practicable and sensible paper delivered by Mrs. Dr. Harris.

From the bureau of sanitary science, Dr. Foote, of Galesburg, Ill., chairman, submitted a comprehensive paper on the Sources of Disease from Poisoned Atmosphere.

The bureau of surgery next came to the front, and the chairman, Dr. W. H. Caine, of Stillwater, Minn., submitted a number of papers from that bureau. The first was a lecture upon Carcinoma of the Breast, by Dr. Hall, of Chicago. Dr. Caine next presented a paper on Internal Strangulation of the Lesser Intestines. Both of which were briefly discussed.

Dr. Pratt introduced a resolution to the effect that every member of the association who took part in the discussions should be furnished a copy of their remarks by the

publishing committee for correction, and if not returned in thirty days it should be optional with the committee whether their remarks were published or not; carried.

The academy then adjourned until 2 o'clock.

The afternoon session opened with a paper upon The Therapeutic Use of Hot Water, by Dr. N. A. Pennoyer, of Kenosha, Wis., which was followed by a brief address by Dr. Delamater upon the same subject.

Mrs. Dr. Harris followed with a paper under the title of Some Experiences with Rhux tox.

Dr. R. B. McCleary, of Monmouth, Ill., was fined ten dollars for failure to present a paper.

Prof. Crawford, of Cincinnati, requested permission to place a case of warty growth in the larynx for advice from the association. He stated the case and was replied to by Dr. Campbell, of St. Louis, and Dr. Bascom, of Ottawa, Ill.

Business under the head of clinical medicine was then closed and the bureau of psychological medicine taken up.

Dr. Pennoyer, of Kenosha, Wis., read a short paper on the spinal ice bag and its use in spinal disorders.

Dr. Roby gave notice that the members of the Missouri association were requested to meet separately at 4 o'clock for the purpose of transacting business.

Dr. Delamater read a volunteer paper on two curious cases of nerve stretching.

Dr. Valentine, chairman of the bureau, delivered a short address in which he presented some strange instances of psychological cures.

The bureau of ophthalmology and otology was next declared in order and Dr. Phillips, of Cleveland, read an exhaustive paper upon Injuries to the Eye and Its Appendages.

Professor Vilas, of Chicago, presented an interesting paper on The Ophthalmoscope, and upon The Chromatic Condition of the Eye, with a lesson.

From the bureau of pedology Dr. Arndt, of Grand Rapids, reported no papers, but declared his intention of presenting a paper before the session closed. The chairman of the bureaus of pedology and ophthalmology were announced as Dr. Arndt and Dr. Vilas, respectively.

No further business was transacted, and the association adjourned to meet at 9 o'clock next morning, when the remaining bureaus will be heard from, and officers for the ensuing years will be elected.

#### THIRD DAY'S SESSION.

The Western Academy of Homœopathy met at 9:30 A. M., pursuant to adjournment at the Coates house, and after transacting considerable routine business the reports of bureaus were called for.

The bureau of obstetrics was opened. As there were no papers to be presented or reports to be made, the bureau was declared closed. Dr. George S. Walker, of St. Louis, was appointed chairman for the ensuing year. Regular programme for the third day was then taken up.

The bureau of gynæcology was called in order. The chairman being absent some papers were received and referred to the publishing committee and the bureau declared closed. Dr. L. Pratt, of Wheaton, Ill., was appointed chairman for the ensuing year.

The bureau of materia medica was next in order and several interesting papers were presented, one from Dr. Susan S. Pearse, of Kansas City, which was well received by the academy. Dr. T. M. Crawford, of Cincinnati, was appointed chairman for the bureau. The bureau of pharmacy was then declared in order. As there were no members of the bureau present, the bureau was declared closed, and Dr. Gross, of Chicago, appointed chairman for the ensuing year.

Dr. Hall introduced a resolution that the chairman of each bureau notify the members of his bureau of their appointment and the subject selected for discussion at the next meeting.

The following officers were elected for the ensuing year: R. F. Baker, of Davenport, Ia., president; Drs. T. H. Crawford, L. Pratt and H. W. Robey, vice-presidents; C. H. Goodman, M.D., of St. Louis, general secretary; J. P. Willard, M.D., Jacksonville, Ill., provisional secretary; G. W. Foote, Galesburg, Ill., treasurer; E. M. McAfee, Iowa, H. R. Arndt, Michigan, N. A. Pennoyer, Wisconsin, and D. T. Abell, Missouri, board of censors.

G. W. Foote, Illinois, C. H. Vilas, Illinois, A. S. Everett, Denver, delegates to the American Institute of Homœopathy.

The following report on the president's address was made by Dr. Hall, chairman of the committee:

The committee having discharged their duty, would respectfully report that they find the able address of the president an exception to the general rule, inasmuch as it contains nothing objectionable, and is tempered throughout with that spirit of liberality and justice which marks the true man and physician. Feeling assured that it will be read with interest and profit by both laity and the profession, we, therefore, recommend its publication in the next volume of the transactions of this academy.

G. A. HALL, M.D.

P. G. VALENTINE, M.D.

N. B. DELAMATER, M.D.

With the president's permission the chairman of the bureau of mental and nervous diseases, and the bureau of clinical medicine exchanged places. Dr. N. A. Pennoyer, is therefore chairman of the former, and Dr. Foote of the latter.

On motion of Dr. G. A. Hall, the society adopted resolutions of thanks to the local physicians, press and proprietor of the Coates house for kindness and attention, and to the president and executive committee for the able manner in which they carried out the business of the meeting.

The meeting then adjourned to meet at Milwaukee, subject to the call of the executive committee.

## →\*MEDICAL MEMORANDA\*←

### EDITOR'S TABLE.

Dr. Rorer has removed from Princeton to Fredonia, Ky.

Dr. James S. Streeter has removed from Providence, R. I., to Taunton, Mass.

The partnership heretofore existing between Drs. Bemis and Whittlesey of West Randolph, Vt., has been dissolved. Dr. Bemis removes to Barre, Vt. and Dr. Whittlesey remains at West Randolph.

Died.—Dr. John F. Gray, the father of homœopathy in America, died in New York, June 5. He was born in Sherbourne, N. Y., in 1804. He was graduated at College of Physicians and Surgeons in 1826, and shortly after began to practice his profession in that city. Subsequently he adopted homœopathy, and in 1834, in connection with his brother-in-law, Dr. Heill, he started the *Homœopathic Examiner*, the first journal of that school of medicine. The American Institute of Homœopathy was started in 1844 at his suggestion. Hamilton College made him a Doctor of Laws in 1871. He was a believer in a high standard of scholarship. The State Board of Medical Examiners was formed through him; he was its first president, and has since been one of the board.

### NEWSPAPER LAWS.

1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reason for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

2. Any person who takes a paper from the post office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.

3. If a person order his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, *whether it be taken from the office or not*. There can be no legal discontinuance until the payment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post office*. The law proceeds upon the ground that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to H. R. Arndt, No. 62 Monroe street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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No. 71.

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## EDITORIAL.

The present number of the "Medical Counselor" inaugurates several important changes in the management and in the "make-up" of this journal.

The "Counselor," from this date, will be published under the personal supervision of the editor. The policy of the journal will not be changed in any respect. The "Counselor" will continue to devote its columns to the advocacy of Hahnemannian homeopathy; will do all in its power to exert within the profession a positive and wholesome influence; will bring to its readers matters of interest to the intelligent practitioner, and will spare no pains to prove itself worthy of that generous support which it has thus far received at the hands of the profession.

With the appearance of this number the "Medical Counselor" becomes a semi-monthly. Extensive correspondence with the friends of this journal furnishes ample proof that such a change is generally desired. Under the new arrangement we shall publish, during the year, the exact number of pages which we promised to print when we commenced to issue the journal as a weekly, and the editor will be enabled to give a variety of contents which could not be had in the weekly issue of sixteen pages.

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The action of the American Medical Association during its recent session at St. Paul, in regard to the recognition of the delegates from the State Medical Society of New York, has given rise to varied and heated criticism. In refusing to receive, as delegates, the gentlemen from the offending State Society, the National Association has spoken in no uncertain voice, and while efforts have been made to show that such action was the result of the systematic efforts and of the personal influence of the "elect few" within the national body, we cannot doubt that the decision of the Judiciary Committee was cheerfully accepted by the Convention, and that it did truly represent the views, and meet the wishes, of an overwhelming majority of the members of the dominant school of medicine.

page 225, vol. VII., 1882.

The State Medical Society of New York has lost, and will lose, nothing in this disagreement between itself and the National Association. It has placed itself on record, and just so far as its famous Albany-declaration was prompted by pure and honorable motives, just so far will it command the sincere admiration of all intelligent and thoughtful people. This moral support must not be overlooked, for it alone will prove an important factor in the struggle which is sure to follow. And since the New York State Society contains within itself many of the brightest and strongest men of which the dominant school can boast, it will be no difficult task for the New York profession to hold their own in a struggle against the national organization, always provided that the recent action at Albany was not the result of a well-arranged conspiracy, but expressed the sentiments of a respectable majority of the dominant school in that state.

Giving to the New York State Society all the credit which it may justly claim, we are nevertheless bound to differ from those who see in the recent action of the American Medical Association nothing that may be excused, or even praised; in fact, we are bound to assert that the National Association, in refusing to countenance an organized and formidable movement looking toward a professional recognition of "pathists,"—and such recognition would be no more and no less than a complete breaking-down of all barriers between the different schools of practice—acted with perfect consistency, and did itself more credit than the medical public seems willing to acknowledge. To be just to our opponents, we must remember that at least nine-tenths of their number are not only absolutely ignorant of the teachings of homœopathy, but are, from training and from instinct, so utterly prejudiced against its fundamental principles that they truly believe its advocates either fools or knaves; and while we admit that these men would do wisely were they to investigate thoroughly and honestly before passing judgment, we must, in considering this question, take these men just as we find them, not as we would have them. The remaining one-tenth of their number consists of men who have partly investigated homœopathy and whose partial investigation has not satisfied them of the value of homœopathic teaching, and of men who, from conviction or from policy, are *bound* to oppose us. It certainly is evident that the great mass of the dominant school, from willful ignorance, foolish prejudice, or from honest conviction, stand in an enmical attitude toward us, and, to us, it seems strangely inconsistent and short-sighted to expect from such men the right hand of fellowship, or anything, in fact, that looks like a compromise.

It cannot be denied that the American Medical Association, by squarely and fairly grappling this question of medical ethics, and by deciding it in the affirmative, might have made for itself a splendid record; but the fulness of time has not yet come; the medical world is not yet ready for such a step; neither will the medical world be ready for such a step, for the union of schools, so long as the contending parties are fairly matched; *union can only be had by the absolute victory of one of the contending parties.*

As homœopaths, we have every reason to feel satisfied with the action of the American Medical Association. Speculate as we may on the relative merits of the different schools of therapeutics; struggle as we may for a broader view of the fulness of medical truth; cultivate as we may a desire for more light and for more cordial relations between medical men, we dare not close our eyes to the fact that the antagonism in the past between the various schools of practice has stimulated to the utmost the entire medical world, and very much of the advance made in medical science is the direct outgrowth of this, not altogether fratricidal, strife. As it has been in the past, so must, *and will*, it be in the future. Progress depends largely upon strife; and, under the present order of society, absolute harmony between all factions or schools cannot be had without a sacrifice of firm convictions, not without retarding seriously the advancement of medical science.

One thing more! Had the American Medical Association seen fit to endorse the action of the New York State Medical Society, we, as a school, would have been placed into an unfortunate position; we would have been obliged eventually to either accept the overtures made,—and that means disorganization,—or to have rest upon us the odium of intolerance and of bigoted exclusiveness. The long and short of the matter is this: Our old-school friends did us a kindness at St. Paul; let us appreciate it!

## A PLEA FOR THE INTELLIGENT STUDY OF PATHOLOGY.

An extract from the President's Address, delivered by W. T. Laird, M.D., of Augusta, Me., before the Homœopathic Medical Society of Maine, 1882.

On the present occasion, I shall depart to some extent from the ordinary standard of medical addresses. I shall speak to you upon a subject which is too rarely mentioned in our societies. I shall plead with you for neglected pathology.

Do not misunderstand me. He who prescribes for the name of a disease, and allows pathology to usurp the field of therapeutics, violates that law of strict individualization which is the very essence of homœopathy; yet it is equally true that he who ignores the teachings of pathology, voluntarily surrenders one of his most effective weapons. The early disciples of Hahnemann devoted all their energies to the development of the *materia medica*. The other branches of medical science were first neglected, and then despised. The spirit of the older practitioners is well illustrated by the reply made by one of them to a patient who asked the nature of his illness and the medicine administered: "The name of the medicine is none of your business, sir, and the name of

the disease is none of mine." This contempt for the allied branches of medicine was studiously inculcated among their patrons, and was fostered by the pernicious system of "domestic practice" which made a "box and book" equivalent to a thorough medical education. It is only a few years since a layman wrote to the editor of a leading medical journal, asking if there were any colleges where his son could be taught *materia medica* and therapeutics without being obliged to waste his time on anatomy, physiology, pathology and other *non-essentials!*

For several decades this doctrine held undisputed sway, but at length there came a reaction. Physicians began to doubt whether pathology was merely "a scientific plaything." They claimed that the discoveries of the old school in pathological anatomy, microscopy, physical diagnosis and chemical analysis could be successfully utilized in homœopathic practice. They even asserted that while it was undoubtedly the first duty of the physician to heal the sick, he was none the worse a homœopath for knowing *what* he cured, and *how* and *why* the cure was effected. Who can picture the amazement, the wrath, the outburst of "holy horror" with which this heresy was greeted? As the old theologians used to fear that the light from the stars would put out the Sun of Righteousness, and the hammer of the geologist break the Rock of Ages, so the leaders of our schools seemed to be apprehensive lest the revelations of the microscope should dim the light of homœopathy, and the study of pathology sap the foundations of their faith. Liberty of opinion meant to them what it did to the old Puritans—liberty for themselves, persecution for their opponents. Like the Puritans, too, they

"Proved their doctrines orthodox  
By apostolic blows and knocks."

What has been the result of this suicidal policy? Bigotry has begotten opposing bigotry. Absurdity on the one side has been followed by equal or greater absurdity on the other. Contempt of pathology has given rise to pathological therapeutics. The credulity which accepted unquestioned the mythical provings of the nosodes and the high potencies of ice and snow, of sunshine and moonshine and mackerel, has been confronted by the Milwaukee Test, and the skepticism which denies all medical power

above the twelfth decimal attenuation. Intolerance and exclusiveness have been met by dogmatism and license. We would not cast reproach upon our pioneers, nor pluck one leaf from their well-earned laurels. It needed men like these—earnest, enthusiastic, fanatical—to lead the new crusade against the conservatism which blocked the wheels of medical progress. We admire their genius and their heroism, but we cannot commend their narrow-mindedness, nor accept their teachings as infallible.

What are the arguments against pathology advanced by those who style themselves the “champions of Hahnemann?” The chief one is founded upon the opening words of the *Organon*: “The first and sole duty of the physician is to restore health to the sick.” As the proposition stands we admit it; but we deny the forced interpretation that in order to cure, knowledge of symptomatology is all-sufficient. If this were true, then indeed would the sneer of the allopaths, that “anybody can practice homœopathy” be well founded. Hahnemann himself did not claim it. “The *Organon*,” says Dunham, “is strictly what its name implies—an instrument of the rational art of healing—an exposition of therapeutics, or that branch of medical science which concerns itself with healing disease by means of drugs, and its author assumed that those who would use it, would be men already versed in medical science. In four of the terse and weighty sentences which characterize this book, Hahnemann takes it for granted, “as a matter of course,” that “every sensible physician.” before applying the law of cure which he is unfolding, will first make certain investigations and take certain steps, which investigations and steps really comprehend all that we now comprise under the head of etiology, semeiology and hygienic management.” Knowledge of *materia medica* alone may make a successful prescriber, but thorough acquaintance with all branches of medical science, broad and generous culture, tact, common sense, and knowledge of human nature are the essential requisites of the ideal physician.

Prof. Helmut, in his inimitable manner, tells the story of a practitioner who was called in a case of dislocation of the jaw. He was an ultra-Hahnemannian, who believed that his “first and sole duty” was to “restore health to the sick” by means of po-



tentized drugs. Surgery, diagnosis and pathology he left to the allopath. With *Symptomen Codex* in hand, he gravely "looked up the case" under the various rubrics of "mouth open," "features distorted," "pain in the ears," etc., selected a remedy and dropped a few pellets on the tongue of the sufferer. Now this man (I will not call him a doctor) who attempted to set a dislocated jaw with medicine, was guilty of no greater absurdity than a recent writer on gynecology who claims that every dislocated uterus can be replaced and held in position by a high potency of a properly selected remedy. The danger to homœopathy lies not in the opposition of its enemies, but in the fanaticism and folly of its professed adherents.

The second great argument of the antipathologists rests upon the sixth paragraph of the *Organon*—"For the physician, the totality of the symptoms alone constitutes the disease." In a limited sense—the sense in which Hahnemann used it—this is true; in others it is false. Homœopathy deals with therapeutics alone. It does not, and cannot, include the allied branches of medicine. It is the keystone of the arch, but not the arch itself. Every attempt to bring under our law of cure cases which properly belong to toxicology, operative surgery, hygiene or sanitary science, is "Homœopathy misapplied." In the great majority of instances—those which by common consent are properly relegated to the domain of therapeutics—we admit that for the practical purpose of prescribing "the totality of the symptoms" does constitute the disease. But we insist that the word "symptoms" shall be used in its widest signification. It must be broad enough to include not only all subjective sensations but all objective phenomena as well. Everything that physical diagnosis or chemical analysis can teach us, everything that we can learn by the aid of the stethoscope, the microscope or the clinical thermometer must be accepted as integral parts of the disease-picture; and for the purpose of obtaining this very "totality," which forms the basis of every sound prescription, pathology is not the enemy of therapeutics but its most efficient ally. Where the mere symptomatologist sees only dropsy, accompanied by subjective sensations, few in number and often indefinite, the skilled pathologist interrogates the liver, the heart and kidneys, and elicits from these

organs important symptoms, which complete the "totality" and aid in the selection of the remedy.

"It has been held to be the criterion of a true natural science," says Dunham, "that new discoveries, new sciences extend and enrich it, unite with it in amplifying the horizon of human knowledge and power, but never contradict or supercede it, nor are ever indifferent to it." If homœopathy, the science of therapeutics, be hostile to pathology, the science of disease, this fact alone would be its condemnation.

We need better pathology in our text books; in everything save treatment the old-school works are far superior. In etiology, semeiology, and differential diagnosis we have no practice equal to Niemeyer, Reynolds, Watson or Ziemssen; no Obstetrics worthy to rank with Cazeaux, Ramsbotham, Leishman, Meadows or Playfair; no Gynæcology comparable with Thomas, Emmett, Barnes or Scanzoni; no work on diseases of children worthy of mention beside the magnificent treatise of Meigs and Pepper. In Surgery alone we are not obliged to blush at the contrast. It is idle to plead in extenuation that our rivals have the accumulated experience of twenty centuries, while we have not yet reached our first centennial. We are "the heir of all the ages" as well as they. Our writers can go to the same sources of knowledge and drink from the same fount of medical lore, if they will. The researches of Tessier upon chronic aortitis, and of Dr. Blackley upon hay-fever are only an earnest of the laurels which await us in the field we have too long neglected.

We need better pathology in our journals. Many of the cases reported as models of therapeutic precision are, in reality, examples only of pretentious ignorance and conceit. Men who openly boast that they know little and care less about pathology, whose writings all prove that their diagnoses are superficial and unreliable, demand that we accept unquestioned their reports of cures which may well be styled miraculous.

We need better knowledge of pathology in our every day practice. True, it may, in homely phrase, take the conceit out of many of us. It may teach us that some of our most remarkable cures were errors in diagnosis. It may inspire us with greater respect for the *vis medicatrix nature*, and lead us to think less

highly of our own eminent abilities. Nevertheless we need it. Surrounded by vigilant enemies, eager to detect the slightest flaw, we cannot afford to neglect it. Without it, diagnosis and prognosis are but the wildest guess-work; and if we make gross blunders in these, no matter how judicious the treatment may be, our reputation, our practice and the cause of homœopathy will suffer. If we fail to recognize a contagious disease in its early stages, and allow the malady to carry desolation to other homes, no amount of therapeutic skill will serve as an apology for our criminal ignorance. Upon the accuracy of our diagnosis often hangs the issue of life and death. In a purely medical case we may cure our patients without knowing the exact nature of their diseases; but if we fail to recognize a surgical malady—if, for instance, we confound concealed strangulated hernia with enteritis or peritonitis, and rely upon drugs when we should use the knife, the result will inevitably be fatal. Better knowledge of etiology will explain the failures of the past and guide us to more brilliant success in the future. We have often failed to cure dysmenorrhœa because we did not discover the cause of the suffering—a contracted os and cervix which no medicine could dilate—a mechanical obstacle demanding mechanical treatment. Especially do we need to study the wonderful complex phenomena of reflex symptoms. Pneumonia of the upper lobes in children may simulate meningitis so closely as to deceive even experienced physicians. An excruciating pain in the hip may be only the reflex manifestation of a chronic endometritis. Thorough acquaintance with pathology will inspire us with judicious skepticism. It will teach us that *post hoc* is not always *propter hoc*. It will enable us, in any given case, to decide whether the favorable change is due to the action of a remedy or to the natural course of the disease. Enthusiastic credulity will give way to intelligent judgment. Reasonable certainty will take the place of doubt.

Let us then summon to our aid all the resources of medical science. Let neither the ridicule nor the abuse of the self-appointed champions of Hahnemann deter us from doing right; for we hold with Father Hering that "In the world of science, through conflict and trial we come to the possession of truth."

## A LACHESIS CASE.

G. N. BRIGHAM, M. D., GRAND RAPIDS, MICH.

J. N. M., aged thirty-five years, had sunstroke five years ago. For more than two years has been subject to severe attacks of vertigo; so bad that he reels like a drunken man. These often end in a fit in which he may lie for some time. Sometimes his state is cataleptic, no signs of life appearing when he is still conscious. Has frequent attacks of deafness when he can hear nothing distinctly—this may be accompanied with blindness or a cloudy, misty appearance before the eyes. Is troubled at times with flatulence, stomach being distended to a sensation as if it would burst, when the gas goes off in an explosive manner. Sometimes vomits and faints. His condition is aggravated by heat, especially by the sun's heat; also from thinking of his troubles. Feels best in the open air. Gave Lachesis 200, not to be repeated if he felt better. Has had no return of symptoms after several months, and has taken but the one dose.

## DR. JAEGER'S STUDIES IN NEURAL-ANALYSIS.

Extract from the President's Address, delivered before the Homœopathic Medical Society of Michigan, 1882

In connection with the important events of the year now closed, I desire to call your attention to the neural-analytical studies of Prof. Dr. Gustav Jaeger, of Stuttgart, Germany. The labors of this eminent scientist promise to result in the establishment of certain facts which are of far-reaching effect upon physical science, and which will furnish, and I might say have already furnished, the missing link in the chain of argument which must eventually secure to Homœopathy universal recognition by all scientific men.

The labors of Prof. Jaeger cover a series of delicate experiments made by himself and pupils during a number of years. It would require several lectures to explain the ingenious method by which he finally succeeded in reaching positive results, and I can but briefly touch upon his latest achievements. Many of you have read translations of, and extracts from, Jaeger's publications, and hence are aware of the fact that by measuring the effects of various attenuated medicines and other substances upon

the nervous system by means of their action upon the olfactory nerve, Jaeger has demonstrated the presence, in such attenuations, of characteristic properties. It is worthy of remembrance that Prof. Jaeger has long held a high place among German scientists, and that, until very recently, he has been a decided opponent of Homœopathy. During his earlier experiments he investigated the neural-analytical properties of different articles of food, of excreta, of crude drugs, and of alcohol. Curiosity led him to approach attenuations of drugs, and noting from carefully prepared attenuations of remedies in alcohol (i.e., Homœopathic attenuations), unexpected and marked results, he subjected the higher attenuations to what would seem very like a series of crucial tests, and avowed publicly and in the face of violent denunciations his conviction that the higher attenuations of remedies used by Homœopaths are not only *not* inert, but possess an astonishing degree of power, disavowing at the same time a belief in the correctness of our law of cure. The members of this society are, of course, fully aware of the abundance of clinical testimony in favor of the positive remedial properties of high attenuations, but it has been impossible, until recently, to furnish to those who have had no such clinical experience, or who were not willing to accept the testimony in their favor of men who had the necessary experience, satisfactory proof of their value as remedial agents. It is then a matter of congratulation to see coming from the camp of the enemy the proof of which we have stood in need.

Prof. Jaeger, a short time ago, kindly furnished me certain data which I had not been able to obtain, and sent me a copy of his communication to the 54th Convention of German Physicists and Physicians, held at Salzburg in 1881. The following embody the most important propositions:

“I. 1. The inhalation of a volatile substance is sufficient to produce a variation of the pulse-curve.

2. The pulse-curve invariably changes as a new volatile substance is inhaled, and every such substance has a characteristic pulse-curve of its own; it would be correct to speak of the pulse-curve of aconite, of cooking-salt, alcohol, pork, beef, etc.

3. The physiological effect of the so-called Homœopathic atten-

nations is as distinctly recognized in the pulse-osmograms as in those taken by the pressure of the finger. Thus, the pulse-curve of the 4,000th attenuation of common salt differs in every respect from that of a corresponding preparation of alcohol, and is readily recognized from the latter by the remarkable lessening in the height of the pulse-wave.

4. The pulse-waves vary in length, height and shape.

These statements show that Jaeger, of late, has extended his research and is now taking cognizance of the effect of attenuated medicines upon the circulatory apparatus. He closes this paragraph with the following statement: As yet, I have not examined, neural-analytically, those odors which are met with in certain diseases and which have long been recognized as specific and pathognomonic, but I think I am safe in making this proposition: Those modifications of the pulse which have long been considered pathognomonic, as well as the general feeling of sickness, and the totality of constitutional disturbances, are due to the specific exhalations which belong to certain diseases; for instance, the fever-smell exhalation so well known to the medical practitioner is the cause of the fever-pulse.

II. My first experiments did not solve the question whether there came a time during the process of attenuating, in which the peculiar physiological attitude of alcoholic dilutions of medicinal substances ceases to exist, and when the fluid acts upon the nervous system as simple alcohol, or to put it into different language, whether the divisibility of matter has its limit or is absolutely unlimited. In order to aid me in the solution of this question, Dr. Fincke, of Brooklyn, sent me a series of attenuations of common salt, ranging from 1,000 to 10,000 decimal potency, at distances of 1,000, and of 10,000 to 100,000 decimal potency at distances of 10,000; of these potences the 1,000th, 2,000th, 3,000th and 4,000th gave all the formerly noted characteristic effects of this substance, and the 4,000th furnished a maximum of excitability, with violent and subjectively perceptible feeling of excitement, which returned paroxysmally for  $1\frac{1}{2}$  minutes after the cessation of the inhalations. But the 5,000th potency and all the higher attenuations behaved in every respect like alcohol; they gave a decrease of excitability of from four to

six per cent. Presuming that these potencies were carefully prepared, we may consider the above question settled in favor of limited divisibility of matter. The limit in the molecule of common salt lies somewhere between 1-104,000 and 1-105,000. One thing may be considered settled; views heretofore held concerning the size of the molecule are infinitely too coarse. It is furthermore worthy of note that the sense of smell is sufficiently acute to distinguish the 4,000th potency from alcohol and from the 5,000th, but that the latter cannot be distinguished from alcohol.

III. My former experiments proved the correctness of one point of Homœopathic doctrine, the choice of high attenuations. I have now proved the correctness of the second, and most characteristic, point of Homœopathic teaching, the law of similarity.

The mother-tincture and the so-called Homœopathic attenuation of the same substance differ, generally speaking, as follows:

1. Neural-analytically, the former produces a lowering of irritability, (and since destruction of irritability is death, this may be called toxic or poisonous action), the latter an increase of excitability, hence a vivifying effect.

2. Rhinal-analytically, the mother tincture has a disagreeable odor, the Homœopathic attenuation an agreeable odor, (a fact well known to skillful perfumers.)

The mother tincture and Homœopathic attenuations of the same (in my experiments with them I confined myself to the 15th potency,) hold to each other antagonistic relations. If they are inhaled one after the other, neural-analysis, and other methods, show readily that they also antidote each other. If irritability has been lowered by inhaling of the mother tincture, immediate inhalation of the 15th potency brings irritability back to its former quantity and quality, and vice versa; if through inhalation of the potency irritability has been increased, the mother tincture will restore it to its former condition. This relation of the mother tincture and the 15th potency has so far been investigated on the following substances with the following results: In the case of the fæces, chamomilla, pulsatilla, nux vomica and belladonna, the antidotal effect showed itself after inhaling for the same length of time; the poison of the honey-bee required

two minutes longer inhalation of the 15th potency; in the case of veratrum, on the other hand, it showed itself two minutes sooner; with ipecacuanha the antidotal effect seemed to rest with some other potency."

I have given you, gentlemen, briefly, and in a free translation, the chief points obtained by Jager in his last experiments. It would be strange if a repetition of his tests would not modify somewhat the conclusions arrived at by himself and his associates. He has demanded searching investigation and offers to give personal instruction to all who desire to make themselves master of this subject; he has given also evidence of great care, and his entire life-history, his established reputation, his position in the world of science, his former attitude of hostility toward us, his disregard of consequences to himself, all these may well encourage us in the belief that the substance of his teaching will only grow in value by a critical examination of his methods. Men of science are proverbially careful in accepting startling new truths, but since our own clinical experience confirms very largely the conclusions at which Jaeger arrives after so much patient toil, and by an entirely different line of study, I feel justified in calling your particular attention to his labors.

## PREVENTION AND RESTRICTION OF SMALL-POX.

Extract from a document issued by the Michigan State Board of Health.

### PREVENTION OF SMALL-POX.

**SMALL-POX A PREVENTABLE DISEASE.**—It has long been known that small-pox can be prevented or modified by vaccination. It is now believed that a wide-spread epidemic of disease can be attributed only to an equally wide-spread ignorance or willfulness concerning small-pox and its prevention by vaccination. No intelligent person need have small-pox.

**WHY VACCINATE.**—Because unmodified small-pox is so deadly a disease, and so often disfigures and enfeebles those who recover, and because by traveling or by travelers, by articles received in the mail or from stores or shops or in various other ways, any one at any time may, without knowing it, be exposed to small-pox, it becomes important so far as possible without injury to health to render every person incapable of taking the disease. This may



be done so perfectly by vaccination and revaccination with genuine bovine virus that no question of ordinary expense or trouble should be allowed for a day to prevent the careful vaccination of every one who has not been vaccinated within five years. It is well established that those who have been properly vaccinated are far less likely to take small-pox if exposed to it, and that the very few who have been properly vaccinated and have small-pox, have it in a much milder form and are much less disfigured by it than those who have not been thus vaccinated.

In Sweden the average number of deaths in each year from small-pox per one million inhabitants,—

Before the introduction of vaccination (1784–1801), 1,973.

During the period of optional vaccination (1802–1816), 479 ;

And during the period of obligatory vaccination (1817–1877), 189.

Vaccination was introduced in England near the beginning of the present century, and since 1853 compulsory vaccination has been attempted. In England the number of deaths in each year from small-pox per one million inhabitants was,—

At the close of the last century, 3,000 ;

From 1841 to 1853 (average), 304 ;

From 1854 to 1863 (average), 171.

In the Bavarian army revaccination has been compulsory since 1843. From that date till 1857 not even a single case of unmodified small-pox occurred, nor a single death from small-pox.

During 42 years of duty, Dr. Mason, physician of the London small-pox hospital, has never observed a single case of small-pox in the officers and employees of the hospital, who are revaccinated when they enter the service, and who are constantly exposed to the infection.

“Out of more than 10,000 children vaccinated at Brussels with animal lymph, from 1865 to 1870, and who went through the terrible epidemic of small-pox which in 1870 and 1871 frightened the world, not a single one was, to my knowledge, reported as being attacked by the disease. The same immunity was shared by those—a much larger number—whom I had revaccinated, and who at the same time were living in epidemic centers.”—Dr. Warlemont, of Brussels.—*North Carolina Med. Jour.*, Jan. 1880.

**WHO SHOULD BE VACCINATED.**—Everybody, old and young, for his own interest and that he may not become a breeding-place for the distribution of small-pox to others, should seek that protection from small-pox which is afforded by vaccination alone. It is believed that all persons except those mentioned in the following paragraph may, if the operation is properly performed, at the proper time, and with pure bovine virus, be vaccinated with perfect safety to themselves. Even those who have had small-pox should be vaccinated, for otherwise they may take the disease; and it seems to be proved that a larger proportion of those who have small-pox a second time die than of those who have the disease after vaccination.

**WHO SHOULD NOT BE VACCINATED.**—Unless exposure to small-pox is believed to have taken place, or likely to take place, teething children, pregnant women, persons suffering with measles, scarlet fever, erysipelas, or susceptible to and recently exposed to one of these diseases, persons suffering with skin disease or eruption, and in general feeble persons not in good health, should not be vaccinated. In all cases in which there is any doubt as to the propriety of vaccinating or postponing vaccination, the judgment of a good physician should be taken. The restriction as to vaccinating teething children makes it important that children should be vaccinated before the teething process has begun, because small-pox is very much more dangerous than vaccination. Small-pox is exceedingly dangerous to pregnant women.

**WHEN SHOULD A PERSON BE VACCINATED.**—The sooner the better, as a rule, and especially whenever there is much liability of exposure to small-pox. Children should be vaccinated before they are four months old; those who have never been vaccinated, should, with the exceptions previously made, in paragraph 4, be vaccinated at once. Because the vaccination often loses its protective power after a time, those who have been vaccinated but once or twice should, in order to test and increase the protective power of the former vaccination, be vaccinated again and as often as the vaccination can be made to work. For the first three or four scars the protection afforded is believed to be somewhat in proportion to the number of good scars conditioned always that the scars be the result of a proper vaccination with genuine vac-

cine virus. In general, to insure full protection from small-pox, one should be vaccinated as often as every five years. It has been found that of those who have small-pox, the proportion of deaths is very much less among those who have three or four good vaccination scars than among those who have but one scar.

Vaccination as late as the second day after known exposure to small-pox has prevented the small-pox; vaccination the third day after exposure has been known to render the disease much milder than usual, and, in a recent case in Iowa, vaccination on the seventh or eighth day after exposure to small-pox ran a partial course and was believed to have modified the attack of small-pox, which however, it did not wholly prevent.

WITH WHAT SHOULD ONE BE VACCINATED.—Virus taken from the arm of one vaccinated a second time is worthless because unreliable. Virus dissolved and carried about between glass slips in the pocket of the vaccinator is liable to contamination and fermentation; bovine virus dried on ivory or quill points is preferable. It should be remembered that vaccination which does not produce a vaccine vesicle, while it affords but little or no lasting protection against small-pox, may prevent subsequent vaccinations from working well and becoming protective. For this reason it is important to use only virus from reliable sources and free from contamination or decomposition. In a majority of cases, if the virus be taken at the proper time (eighth day after vaccination) from the arm of a healthy child having no taint of a hereditary or communicable disease, such as scrofula, consumption, syphilis, erysipelas, scarlet fever, etc., and undergoing the action of its first vaccination, and if a properly cleansed lancet be used, no harm will result to the person vaccinated, and a good vaccination may be secured. This method involves rupturing the vesicle on the arm of the child from whom the virus is obtained, and this is objectionable because it may interfere with the complete development of its vaccination. But because harm has sometimes resulted from the use of virus taken from another person, because it is often impossible to tell whether a child has pure blood and is free from every disease, because it is so easy to obtain pure and fresh bovine virus, and because such bovine virus is efficient, it is better in all cases to use only the pure and fresh bovine virus.

Reasons for preferring bovine virus to humanized virus may be given as follows:—(1.) By the use of the bovine virus there is secured a more perfect or typical development of the vaccine disease; and hence, it may fairly be inferred, a greater protection against small-pox. (2.) With the bovine virus and with a clean lancet, and with clean surroundings, there is no danger of communicating syphilis. (3.) The bovine virus is far more effective than the humanized virus in revaccination; and where the humanized virus fails and the bovine virus works, it is probable that there was susceptibility to small-pox which the humanized virus did not remove, but which has been removed by the bovine virus. (4.) Greater care can be taken in the propagation of bovine virus, a greater supply can be always at command, and always, but especially in times of urgent danger from small-pox, people can have a better guarantee that they are vaccinated with genuine and pure vaccine virus.

**BY WHOM SHOULD ONE BE VACCINATED.**—The operation of vaccination should be performed always by a competent and responsible physician, or by some one whom he has instructed and recommends to perform the operation. To try to vaccinate one's self or one's family is poor economy, for it often results not only in a waste of money and of time, but in a false and dangerous feeling of security. To trust to vaccination by nurses and midwives is equally foolish. A well-educated and experienced physician has the skill and the special knowledge necessary to the best judgment on all of the questions involved, without which the operation may be a failure or worse than a failure. In work of this kind the best is the cheapest, whatever it costs.

**WHERE SHOULD VACCINATION BE PERFORMED.**—In a room or place free from persons suffering from disease, and from dust or vapors which may convey to the scratched surface germs of any communicable disease; certainly not in or near a room where there is erysipelas, nor in the presence of one who has just come from a person sick with erysipelas, diphtheria, or scarlet fever.

**HOW TO VACCINATE.**—In remote places it is sometimes necessary to vaccinate persons who are practically beyond the reach of a competent physician. For the benefit of such, and not as an encouragement to others to dispense with the services of a skillful

physician, the following suggestions are made as to the best method of vaccinating. As a rule, the most convenient place for vaccination is found to be on the outer surface of the left arm, about one-half or two-thirds the way up from the elbow to the shoulder. An infant which its mother carries on her right arm should be vaccinated on its right arm in order to avoid rupturing the vesicle by pressure against its mother. With a sharp-pointed and perfectly clean instrument (lancet) make six parallel scratches, barely sufficient to make a show of blood, but not to cause bleeding. Directly across these scratches make four or five similar scratches, so that the scarified place shall be as large as a split pea. If blood flows, wait, and wipe off before applying the lymph. The virus is at and near the pointed end of the ivory carrier. Moisten the lymph upon the ivory point with half a drop of pure cool water smeared over it with the lancet. Then *rub the point over the scarified surface for a minute so as to lodge the granules in the abraded surface.* The lymph which may be deposited on the sound skin should be scraped upon the scarified place and allowed to dry there. When the arm is dry, return its ordinary clothing, between which and the arm a loose, soft cloth may be fastened. Do not put on a tight bandage or any plaster. Let no saliva touch the scratched place, neither to affix a plaster in any way. When an ivory point has been used, throw it in the fire. Except there is urgent necessity, do not use the same point on two persons, and not then if there is danger of communicating disease. Vaccination sometimes fails because the arm is not well scarified and the virus is not thoroughly rubbed into the scarified surface. A skillful vaccinator can generally use sufficient care to insure success in a susceptible person. Never cut entirely through the skin. Virus should not be inserted under the skin. Except with young children, and with feeble persons, for whom only one place is recommended, two or more places an inch or more apart may be scarified and vaccinated.

**AFTER VACCINATION.**—Let the vaccinated place alone. Do not scratch it or otherwise transfer the virus where it is not wanted.

**COMMON APPEARANCES AFTER VACCINATION.**—For a day or two nothing unusual should appear. A few days after that, if it succeeds regularly, the skin will become red, then a pimple will form,

and on the pimple a little vesicle or blister which may be plainly seen on the fifth or sixth day. On the eighth day the blister (vesicle) is, or should be, plump, round, translucent, pearly white, with a clearly marked edge, and a depression in the center; the skin around it for about half an inch is red and swollen. This vesicle and the red inflamed *circle* about it (called the areola) are the two points which prove the vaccination to be successful. A rash, and even a vesicular eruption, sometimes comes on the child's body about the eighth day, and lasts about a week; he may be feverish, or may remain quite well. The arm may be red and swollen down as far as the elbow, and in an adult there will usually be a tender or swollen gland in the armpit, and some disturbance of sleep for several nights. The vesicle dries up in a few days more, and a crust forms which becomes of a brownish mahogany color, and falls off from the twentieth to the twenty-fifth day. In some cases the several appearances described above may be delayed a day or two. The crust or scab will leave a well-marked, permanent scar.

**SIGNS OF SUCCESSFUL REVACCINATION.**—When a person who has been once successfully vaccinated is afterwards revaccinated there sometimes results a vesicle which, as regards its course and that of the attendant areola, cannot be distinguished from the perfect results of a primary vaccination, and this is more likely to occur if bovine virus is used. But often the result is modified by the influence of the previous vaccination, no true vesicle forms, but merely a papular elevation surrounded by an areola; and this result having attained its maximum on or before the fifth day, afterwards quickly declines. Or, if a vesicle forms, its shape is apt to vary from that of the regular vesicle, and its course to be more rapid, so that its maturity is reached on or before the sixth day, its areola declines on or before the eighth day, and the scabbing begins correspondingly early. In either case the areola tends to diffuse itself more widely and less regularly, and with more affection of the areolar tissue than in primary vaccination, while the itching and feverishness may be present much the same as in primary vaccination. When the results of a revaccination are not well-marked, protection should not be presumed unless the same virus is proved to be efficient in a primary vaccination.

WHAT TO DO DURING AND AFTER VACCINATION.—Do nothing to irritate the eruption, do not pull the scab off, when it drops off throw it in the fire. When the eruption is at its height show it to the doctor who performed the vaccination. If it is satisfactory, ask him for a certificate stating when and by whom you were vaccinated, whether with bovine or humanized lymph, in how many places, and with what result at each place. When the arm is healed, if the vaccination did not work *well*, *be vaccinated again and as soon as possible*, and in the best manner possible. This will be a test of the protection secured by the former vaccination, and will itself afford increased protection. Do not be satisfied with less than four genuine vaccine scars, or with four if it is possible to secure more than four. This vaccination a second or third time in close succession is believed to be hardly less important than vaccination the first time, and hardly less valuable as a protection against small-pox. Without doubt many persons are living in a false sense of security from small-pox because at sometime in their lives they have had a little sore on their arms caused by a supposed or a real vaccination, or because an imperfect vaccination failed to “work,” or because they were successfully vaccinated, or had the varioloid, or the unmodified small-pox many years ago. Until small-pox is stamped out throughout the world, so that exposure to the disease shall be practically impossible, the only personal safety is in such perfect and frequent vaccination that one need not fear an exposure to small-pox through the recklessness of the foolish. Statistics abundantly prove that among the unvaccinated small-pox has lost none of the deadly power which made it such a terror to former generations.

Small-pox occurs at all seasons of the year, but as a rule is most prevalent in cold weather. It has been suggested that this may be in part due to a lack of ventilation in winter, by which poison becomes more concentrated, and to the greater irritation and rawness of the throat and air-passages caused by the cold, dry air and by the more abundant ozone in winter, the sore throat supplying a place where small-pox may easily be inoculated; it is known also that in warm, moist air vaccine virus decomposes more readily than in a cold, dry air, and the same is probably

true of small-pox virus. This greater liability to small-pox in winter makes it important that one should not wait till winter and its dangers have come before being vaccinated, and also that he should not suffer the winter to pass without being vaccinated.

**PREMISES.**—Privies, cesspools, waterclosets, drains, gutters, and all other such places liable to receive the contagium of a disease should be frequently and liberally treated with the copperas solution mentioned hereafter.

**RAGS.**—No person should handle old clothing or rags without taking precautions to prevent the spread of communicable diseases. Children should not be allowed to go near a rag-gatherer's collection, nor into the rag-rooms in paper-mills or store-houses.

**VACCINATION OF ATTENDANTS AND ALL EXPOSED.**—The attendants on the sick with small-pox and all other persons who it is feared have been exposed to small-pox or varioloid, should immediately be vaccinated. If properly vaccinated within a day or two after exposure to small-pox, a person has a good chance to escape small-pox entirely, and if he should come down with varioloid or modified small-pox, he will probably have the disease in a much milder form than if not recently vaccinated. Unless the eruption has already appeared, vaccinate.

**RESTRICTION OF THE INFECTION.**—As the contagium of small-pox harbors in carpets, bedding, clothing, etc., it is best to prepare the room in which one sick with small-pox is to be cared for, removing the carpets, pictures, sofas, etc., the bedding and clothing not required for actual use in the room, and any other articles capable of harboring the infection and which it would be difficult to disinfect or not desirable to burn. Such removals of carpets, bedding, etc., should not be attempted after they have been exposed to infection, unless properly disinfected under the direction of the health officer.

**ISOLATION.**—Those sick with small-pox or suspected small-pox should at once be separated from all other persons except the necessary attendants on the sick.

**CARE OF THOSE EXPOSED TO SMALL-POX.**—All persons known to have been exposed to small-pox should at once be vaccinated, and should be, so far as possible, isolated from others until it is known whether they have contracted small-pox. This "period of incubation" is usually about twelve or fifteen days.



### THE POWERS AND POTENCIES OF PROTOPLASM.

The history of the growth and development of every animal—whether moner, mollusk, or man—is a history of cell-multiplication and cell-differentiation; and the most highly endowed individual of them all possesses no property, no faculty, no power, which is not at least foreshadowed in the formless, structureless, protoplasmic cell from which they are all alike derived. Is the nervous tissue of man in the highest degree irritable and automatic—that is, sensitive and self-acting? So is protoplasm, though in an almost indefinite less degree. Is muscular tissue eminently contractile, serving for the production of the varied and complicated movements of all parts of the body? Protoplasm is also capable of slight spontaneous motions of its entire mass. Are the various glands of the body actively secretory and excretory? So is protoplasm within the narrow limits of its chemical necessities. Equally, also, with the highest tissues and organisms, it reproduces its kind.

The complex body of any one of the higher animals may, then, be considered as consisting of certain tissues, each of which has not only been derived from protoplasm but each of which corresponds, in its perfected function, to some one of the fundamental properties of protoplasm, to the special manifestation of which it is devoted for the benefit of the organism as a whole, on the important principle first spoken of by Milne-Edwards as the physiological division of labor. Division of labor among the tissues, however, as among the members of a community, has its limits. While every tissue has some leading quality, some special function, developed to the highest degree in the interests of the organism as a whole (contraction in muscle-tissue, secretion in gland-tissue, and so on), yet each tissue retains in its own private interests, as it were, vestiges of all the other protoplasmic properties belonging to their common ancestor. Hence, all the tissues are assimilative to the extent of keeping up their own nutrition; all are to some degree irritable, all are capable of reproduction of their own kind of cells, and so on.

Thus, from the beginning of his career, as a microscopic speck of living matter, to its close, although he figures as the most highly endowed and transcendent of beings, man, biologically

considered, is *protoplasm, protoplasm, only protoplasm*; and, whatever his perfections, regarded as a member of the animal series, he has the high privilege of knowing, if not of feeling, himself the brother of all living things. With Job, he may say unto the worm, "Thou art my mother and my sister." Oh, why should the spirit of mortal be proud?—DR. FRANCES EMILY WHITE, in *Popular Science Monthly for July*.

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### SURGICAL NOTES.

#### GENU-VALGUM.

J. G. GILCHRIST, M. D., DETROIT, MICH.

Dr. Ap. Maryan Vance, for the relief of an aggravated case of knock-knee, in a mulatto child three years old, fractured the femori, above the condyles, by a subcutaneous use of the chisel, the parts being kept in plaster dressing for twenty-five days, when union of the fractured bones was found perfect, the deformity corrected, and motion of the knee perfect.—*Med. News*.

#### VARICOCELE.

Dr. Negretto, of Italy, cured two cases of varicocele by injecting a small quantity (seven grains to the ounce), of chloral hydrate into the enlarged veins. The injection was made at two or three points, at intervals of two or three days, and after a mild attack of orchitis a perfect cure resulted. Some of the smaller veins were obliterated, and the cure seems to be permanent.—*London Med. Record*.

#### LISTERISM.

At the May (1882) meeting of the American Surgical Association in Philadelphia, antiseptic surgery was fully debated. It appeared that the feeling and experience among those of the profession who had the largest experience, as Drs. Yandell, Cabell, Cole, Gouley, Moore and others, including the venerable President S. D. Gross, are not adherents of the practice. The experience of Tait, Keith, Bantock, Gamgee, Humphrey, and many others abroad, was quoted as opposed to Listerism, and it was questioned whether the practice might not even be dangerous in certain cases.—*Med. News*.

#### NERVE-STRETCHING.

At the May meeting of the New Jersey Medical Society, Dr. Chandler of Essex, read a paper on *nerve stretching*, from which it

appears that the sinewy fibres are chiefly affected by the operation. The best results have been in sciatica; out of fifty-seven cases ninety-one per cent. were cured. Locomotor ataxia, mimic spasms, and tetanus give good results. He thinks "its position as an accredited operation will be secured when we have acquired the data necessary for a clear determination of its indications."—*Med. News.*

#### FRACTURE OF THE ASTRAGALUS.

Dr. Shepard, demonstrator of anatomy, McGill College, at a recent meeting of the Medico-Chirurgical Society of Montreal, exhibited four specimens of fracture of the astragalus, taken from subjects in the anatomy rooms, which accident he thinks is more common than is supposed. He thinks it may be the condition in cases of bad sprain of the ankle with slow recovery.

#### AN OVARIAN TUMOR WITH RARE COMPLICATIONS.

Dr. A. P. Dudley and Dr. H. C. Coe, of the house staff of the Woman's Hospital, in a joint communication published in the "New York Medical Journal and Obstetrical Review" for July, 1882, remark that it is a well-recognized fact that statistics of ovariectomy are among the least satisfactory of any in surgery. For a man to report that he has had so many "successful cases" may mean simply that he has had the good luck to secure a run of uncomplicated ones, such as would have recovered under the hands of any other operator. The public, and even the medical public, are too prone to judge of success by the outward results alone, overlooking the skill, judgment, boldness in meeting emergencies, and the care and anxiety in after-treatment, which a surgeon has bestowed upon a desperate case, and in spite of which it has terminated fatally. To judge of an ovariectomist by the bare statement of the number of his patients who have survived the operation would be most unjust. So varied are the elements which enter into every case of ovariectomy, and which render it complete in itself, that it is quite impossible to institute close comparisons, either between individual cases or between the statistics of two different operators. They then give the history of a case that occurred recently in Dr. Thomas' service at the

hospital. The patient had a severe illness at the age of sixteen—an acute intestinal trouble of some sort. After that she was always obstinately constipated, and occasionally had severe colic, with vomiting and tympanites, and was said to have passed gall stones on several occasions. When she entered the hospital she had been married twenty years, but had had no children, and for ten years she had not menstruated. Eighteen months before her admission, her health began to fail, and she noticed a slight enlargement of the abdomen, attended with severe pain, localized on the left side. Soon after this she passed several concretions by the urethra, and began to discharge fecal matter and gas by the same channel. The tumor grew slowly, confined almost wholly to the left side, and attended with constant intense pain and marked gastric disturbance. It was tapped shortly before her admission, but no fluid was obtained. Dr. Thomas regarded it as uncertain whether the tumor was an ovarian cystoma or a uterine fibro-cyst, but felt that its removal would be quite impossible on account of its complete fixity and firm adhesion to all surrounding parts. He made an incision four inches in length to the left of the median line, this being the most prominent part of the tumor, thus dividing the abdominal muscles. The sac, which was found to be firmly adherent on all sides, was punctured, and a quantity of dark-brownish, colloid material evacuated, with the patient turned upon the side. The external incision was extended to five inches; the cyst-opening was also enlarged, and the operator introduced his hand and broke up a number of secondary cysts, removing their contents. The cyst was found firmly adherent to the intestines and pelvic viscera. Accordingly, the edges of the cyst-opening were stitched into the edges of the wound, a Thomas' double drainage-tube being introduced into the sac, brought out at the lower angle of the incision, and held in position by interrupted wire sutures. The patient died on the eighth day. At the autopsy the visceral and parietal layers of the peritonæum were found so firmly united by old adhesions that it was with difficulty that the cavity could be opened at all. The liver was adherent to the diaphragm, anterior abdominal wall, stomach, duodenum, and transverse colon. The spleen was surrounded by old adhesions. The coils of small intestine

were adherent to the abdominal parietes, and so firmly glued together that they formed an inextricable mass. The intestines were also adherent to the posterior wall of the bladder, the superior and posterior aspects of the uterus, and to the surface of the tumor. Douglas' fossa was entirely obliterated. Upon separating the adhesions near the fundus of the bladder, a cavity of about the size of a hen's egg (diameter four centimetres) was found, which seemed to be a portion of the general peritoneal surface of the bladder, at its upper third, laterally and posteriorly, by the mass of adherent intestines. This cavity communicated both with the small intestine and with the bladder, in the former case, by two fistulous openings about six mm. in diameter, situated close together, and each leading into a separate knuckle of small intestine. As nearly as could be ascertained, one communication was with the ileum, the other with the jejunum. There were three openings from this false cavity into the bladder, situated side by side, and separated only by narrow bridges of tissue; the largest measured one centimetre in diameter, the others two and three mm., respectively. The bladder was thus opened through its posterior wall, near the fundus. The cavity above described contained a mass of soft, yellowish fæcal matter, and three hard, black calculi of irregular shape—all too large to have passed, fully formed, through the fistulous openings in the intestines. (Analysis of these calculi showed them to be enteroliths.) The pelves and calyces of the kidneys were much dilated, the renal parenchyma being atrophied and the seat of a chronic diffuse nephritis. No evidence of an acute interstitial nephritis. The dilated pelves contained a dirty, brownish, purulent fluid, having an offensive urinous odor. Both ureters were greatly dilated, the dilatation extending along their whole course, the caliber of the right being nearly equal to that of the small intestine. They contained an offensive fluid similar to that in the pelves. The bladder was capacious, its long diameter being eleven cm. It contained soft fæcal matter, turbid urine, and gas. The uterus was normal. On the right side the adnexa were completely buried in a mass of adhesions. Upon the left side the site of the ovary was occupied by a polycystic tumor, which filled the pelvic cavity and extended upward into the abdomen.

Its diameter was four ctm. It was adherent to the small intestines and to the sigmoid flexure, which lay behind it. The upper half of the tumor had a peritoneal covering, while the lower half was devoid of it. The growth was found to be a multilocular ovarian cyst, having one large cavity, the inner wall of which was covered with papillomatous growths. This inner surface was of a black color, and in places was sloughing.

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### STRAWS.

#### THE ABORTIVE TREATMENT OF BUBOES.

Dr. M. K. Taylor, Assistant Surgeon U. S. A., describes (American Journal of Medical Science) a very successful method of treating buboes, adopted by himself. When the glands have reached a moderately large size, he freezes the surface with ether, seizes the gland between the fingers, and injects about twenty minims of a carbolic acid solution, [four grs. to one oz.] Pain and soreness leave very soon, and the patients are generally able to resume work within three or four days. Dr. Taylor has tested his method on as many as 150 cases. He has used it successfully also in non-specific enlargement of cervical glands—*Med. Record, June 3, 1882.*

#### NITRITE AMYL IN THE TREATMENT OF HOUR-GLASS CONTRACTION OF THE UTERUS.

Dr. Faircourt Barnes has recently made use of nitrite of amyl in the treatment of hour glass contraction of the uterus. The patient upon whom it was tried was a secundipara, twenty-two years of age, who had been delivered of a living female child at three o'clock in the morning, and at 10 A. M. the doctor was called on account of retained placenta. The umbilical cord had been separated from it; the contraction was at the os internum and just above, in Brandt's ring, admitting only a finger. The mid-wife had given the patient a dose of ergot after the birth of the child, which had probably caused the contraction. The patient was allowed to inhale three drops of nitrite of amyl, and the spasm was almost immediately overcome, so that the entire hand could be passed into the uterus. The placenta, which was

everywhere adherent, was detached. No haemorrhage followed, the placenta itself being quite exsanguine—*New York Medical Journal, June, 1882; Monthly Report on Obstetrics.*

#### THE CONTAGIUM OF DIPHTHERIA.

Dr. Wood and Dr. Formad have presented a very interesting report on the contagium of diphtheria. They claim that both anatomical and chemical considerations point to the pathological identity of diphtheria and membranous croup. They even go further and assert that all forms of inflammation about the pharynx are the same in kind, and differ only in intensity. When a certain grade of severity is reached, a false membrane is formed, not as the result of anything specific in the inflammatory process, but because any sufficiently intense local irritation is competent to produce a false membrane upon a mucous surface. Micrococci, it is true, are present in greatly increased numbers in diphtheria, and probably act in the transmission of the disease from one person to another (and in the generalization of the disease in the same person;) but their development is to be regarded as dependent upon the local process, and they do not, therefore, precede its appearance. The facts upon which the authors base this belief are these—the micrococci of diphtheria seem absolutely identical with the ordinary micrococci found in all buccal and pharyngeal inflammations, however slight. In all cases of diphtheria the micrococci are found at the seat of the local lesion, but only in the virulent cases are they disseminated through the body and found in the blood. Hence the disease is probably local, its origin at least. Again, the capacity of the buccal micrococci for reproduction by cultivation and their power of exciting systemic disease after inoculation are directly proportional to the local inflammation, being least in simple catarrhs, more marked in mild cases of endemic diphtheria, and very pronounced in the malignant, epidemic type of the disease. It is fair, therefore, to suppose that the micrococci owe their virulence to the disease, and not the disease to the micrococci. Accordingly, the sequence of phenomena in a case of diphtheria is probably as follows: First, an inflammation of a purely local character is started up; the character of the mucous membrane is

thus altered, and it now affords a more suitable medium for the development and reproduction of micrococci; the latter, which have all along existed in a quasi-dormant state on the mucous surface, being placed under these fostering conditions, now become more active, and exert a deleterious influence on the surrounding tissues, thus adding to the intensity of the inflammatory changes; and finally systemic infection takes place, and the micrococci, now actively noxious, swarm in the blood, and aid in the generalization of the disease, and also in the transmission to others. For, once outside the body, these vitalized micrococci, falling on a mucous surface slightly inflamed, and thereby rendered fit for their cultivation, aggravate the intensity of the existing inflammatory process, and so suffice to change a simple catarrh into a diphtheria. Finally, the authors not only imagine that diphtheria is thus identical with ordinary catarrhal and croupous inflammations, but they suppose that it may also be identical with other septic processes, such as hospital gangrene, etc.; the only differences in the diseases being such as can readily be explained by the difference in the situation of the local lesion.—*New York Med. Journal, June, 1882; Quarterly Report on General Medicine.*

Aubert proposes an ingenious, if somewhat fanciful, scheme for the prevention or abortion of syphilis after the inception of the initial lesion. It was suggested by some experiments of Gautier concerning the prevention of rabies in dogs and sheep. Gautier found that if an intra-venous inoculation of the virus of rabies was made in these animals, and the virus sometime afterward was inoculated beneath the skin, the first inoculation invariably prevented infection from taking place. In three instances, moreover, the inoculation beneath the skin was made first, and, twenty-four hours after, the virus was inoculated into the veins. In these cases, also, the disease was prevented. Aubert argues that something similar to this takes place where a mother acquires immunity from syphilis by carrying a syphilitic foetus, the virus entering the maternal system only through the blood, thereby effecting a kind of preventive inoculation. The writer's scheme, then, is, when an undoubted infect-



ing chancre (initial lesion) has been contracted, to take some of the secretion and blood from its surface, and therewith inoculate the patient's venous system. By this means a modified sanguineous infection is to forestall and annul the later (presumably lymphatic) infection from the chancre.—*Quarterly Report on Syphilography.*

### AMERICAN PÆDOLOGICAL SOCIETY.

The Third Annual Session of this Society began at Indianapolis, June 14, 1882, at 10 A. M. The President, Dr. Lillenthal, being absent in Europe, and the Vice President being unable to attend, Dr. Tooker, of Chicago, was elected to fill the vacancy.

After the reading of the minutes of the previous session, the names of Drs. M. M. Eaton, Cincinnati; S. P. Hedges, Chicago; Lemuel C. Grosvenor, Chicago, and Anna Warren, Emporia, Kansas, were presented by the Board of Censors, and the candidates elected to membership.

Dr. Tooker then read an able paper on Capillary Bronchitis, by Dr. Martin Deschere, of New York.

Dr. Owens, of Cincinnati, opened the discussion. He maintained that the leading indication for Aconite was restlessness; for Ipecac, in this disease, asthmatic breathing; and for Phosphorus, aggravation by any sudden change of temperature, whether from warm to cold, or *vice versa*. This indication for Phosphorus should never be forgotten.

Dr. Mills, of Chicago, considered Kali bichr. a very important remedy. Wheezing respiration without an actual asthmatic condition, was a leading indication. Usually gave the two hundredth. In Ipecac, there was great neurotic disturbance.

Dr. Duncan thought Capillary Bronchitis could not be classed as a distinct disease. He regarded it as rather the third stage of Broncho-pneumonia. The history of the case was the best guide. He gave a diagnosis of the various stages, and the indications for a number of remedies.

Dr. S. P. Hedges thought the paper a very fine one. He considered the disease a very formidable one, and differed with Dr. Duncan as to its pathology and history. He believed it might be acute, and even be developed in a single night. Cases should be watched very closely, and the respiration and pulse anxiously counted, for the more frequent these are, the greater the danger. He had had most satisfactory results from the use of Belladonna in this affection, and considered Belladonna and Tartar emetic, next to Aconite, the leading remedies.

After remarks from several other members, the Society adjourned.

## AFTERNOON SESSION.

The subject of Capillary Bronchitis was again taken up. After various remarks by different members upon the nomenclature of the disease, and its relation to Pneumonia, Dr. Eaton arose. He thought he had certainly seen pneumonia in infants. Thought it made little practical difference whether we named the disease Capillary Bronchitis or Pneumonia. The treatment would be as indicated in either case. Thought cases were apt to be more or less complicated. When the stomach and bowels participated, Nux Vomica was apt to be highly beneficial, especially if there was much fretfulness, loss of appetite, and more or less cough.

Dr. Cowperthwaite saw no necessity for differentiating between these two when speaking to patient and friends, since few are able to comprehend the difference, and generally, when speaking to laymen, he called both Lung Fever. In treating Capillary Bronchitis, had used Tartar emetic with excellent results.

Dr. Tooker related a case of Lobular Pneumonia in a child two years old, and gave his reasons for the diagnosis. He spoke of the frequent changes of pulse and temperature, as indicative of pulmonary difficulties, especially in small children.

Dr. Eaton approved of Tartar emetic as an important remedy.

Dr. Armstrong related a case of Capillary Bronchitis occurring as a complication of Whooping Cough, in which the respiration, when he was first called, ranged from 110 to 114 per minute, and for several days thereafter varied from 90 to 98, and which finally recovered. The remedies which seemed most beneficial were Tartar emetic and Lycopodium, the fan-like motion of the alæ nasi being the indication for the last named medicine.

Drs. Mills, Cranch, Hedges and others, also participated in the discussion.

## NIGHT SESSION.

After the close of the evening session of the American Institute, the Society again met at 11 o'clock P. M., Dr. Eaton acting as Secretary in Dr. Armstrong's absence. About thirty members were present.

Dr. Tooker presented and read an instructive paper on "Cereal Foods for Infants."

Dr. Grosvenor opened the discussion. He mainly used Horlick's food, and oat meal without sweetening.

Dr. Owens abominated artificial foods. He deprecated the use of potash which they contain, as he had known of many serious results from their use.

Dr. Duncan said that soda is now used in Horlick's food instead of potash.

Dr. Eaton believed in consulting the child's taste. Let them eat what they want. Anointing with sweet oil is sometimes a means of nutrition. Sometimes the young and puny child will begin to flourish under the sucking of boiled fat pork.

Dr. Mills has had good results from Horlick's food.

Dr. Peck advocated Horlick's food Ridge's was not a favorite with him. The discussion was continued until 1 A. M., when the Society adjourned.

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JUNE 15TH.

Met again at 2 P. M. Drs. J. C. Lewis, Frankford, Philadelphia; T. Franklin Smith, New York, and George M. Ockford, Vincennes, Ind., were elected to membership.

Dr. T. C. Duncan gave a synopsis of his paper on Diphtheritic Croup, which was followed by a short discussion in which most of those present took part.

The following officers were then elected for the ensuing year :

President—Dr. R. N. Tooker, Chicago.

Vice President—Dr. T. Franklin Smith, New York.

Secretary and Treasurer—Dr. Lemuel C Grosvenor, Chicago.

The Censors comprising the old Board were re-elected.

The Society then adjourned to meet again on the day preceding the next Annual Session of the American Institute of Homœopathy.

W. P. ARMSTRONG, *Secretary*.

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NEBRASKA STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

Officers for the ensuing year : President : Dr. C. Dinsmore, of Omaha ; First Vice-President : Dr. B. Cascadder, of York ; Second Vice-President : Dr. C. L. Hart, of Omaha ; Secretary : Dr. L. J. Bumstead, of Lincoln ; Treasurer : Dr. F. B. Right, of Lincoln. Censors : Drs. Paine, of Lincoln ; Brown, of Albion ; Sabin, of Lincoln.

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MEDICAL MEMORANDA.

The Faculties of the two St. Louis (Mo.) Colleges have united and will hereafter operate under the charter of the old Homœopathic Medical College of Missouri. This bit of news will be received with much satisfaction by the profession at large. As yet, we do not know what gentlemen will constitute the new faculty, with the exception of our genial friend, Prof. P. G. Valentine, who will fill the chair of Theory and Practice.

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Dr. J. C. Cummings, of St. Louis, Mo., has removed from — Leffingwell Ave. to 3524 Olive street, St. Louis.

Dr. L. M. Kimball has removed from 527 to 407 Columbus Ave., Boston, Mass.

Messrs. Boericke & Tafel have in press Dr. G. N. Brigham's monograph on Phthisis pulmonum. From an examination of the advance sheets we feel confident that the book will prove of great interest to the profession, and will form an important addition to the literature of phthisis.

REMOVED.—Dr. T. F. Pomeroy from New York to 332 N. Fremont Street, Baltimore, Md.—Dr. Chas. Karsner from Germantown, Pa., to Ocean Grove, N. J.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to H. R. Arndt, No. 62 Monroe street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## SURGICAL TOXÆMIA.

BY PROF. J. G. GILCHRIST, M. D., DETROIT, MICH.

(Continued from page 221.)

VI.

There can be no doubt that the continuance or unusual energy of septicæmia may introduce into the blood particles of foreign material that act as a nucleus for coagulation, apart from any specific or septic character they may possess, solely in obedience to mechanical laws. Experiment has shown that such material is at once encapsulated by the fibrine in the blood, probably as a conservative process, but practically it enlarges the probabilities of thromballaxis by increasing materially the size of the foreign body. Pus may, also, be introduced into the blood-current, and without specificity may induce coagulation precisely as any foreign body would. Now it matters not whether we consider pus to be a product of the blood, or of proliferation of connective tissue corpuscles, or of a return of formed tissue to the embryonic state. Under each and all of these conditions, and they may each and all be accepted as parts of the whole truth of supuration,—the pathognomonic element of the pus is the cell, which has been quite conclusively shown to be a dead leucocyte. To repeat what has often been said, the corpuscular part of pus is not diagnostic until all amœloid properties are lost; as long as these continue, the cell, taken apart from any other characters of the mass in which it is found, and without knowledge of its source, is a leucocyte, and nothing more. It is only when dead, spherical, granular, and perhaps fatty, that, under the above hypothetical conditions, the observer can unhesitatingly pro-

nounce it a pus cell. Now, this being true, such a cell is as much a foreign element in the blood as any other organic particle derived from without, and will become encapsulated and form a nucleus for a thrombus just as readily.

Suppose, again, that the pus cell is found to be intravascular, with no evidences of suppuration outside of the tissue of the vessel, as may occur in suppurative phlebitis. How, we may ask, did it find entrance to the blood? It was formerly taught that the endothelium of the veins, the intima, furnished pus as a result of inflammation. Later we were told, by SEMIN, CALLENDER, and others, that "the lining membrane of the veins rarely inflamed, and never suppurated." This is an astonishing doctrine to come from men who yielded full credit to the doctrine of Cohnheim. I affirm, and think the proof is easy, that any vascular tissue can become inflamed, and suppuration is a normal sequence to inflammation. To make this stronger, it can now be asserted that *all* tissue is vascular, and the blood comes into direct relation with every particle of the organic body. The pus cell in the current of the blood can be derived from the endothelium or intima, or from the blood itself by accidental destruction of the white corpuscle.

From a consideration of all the possibilities and probabilities, it seems to be a legitimate conclusion, that the nucleus may be extra-vascular or intra-vascular, both as regards character and source; that is, it may be entirely septic, or a product of suppuration.

This brings us to the next point: the anatomical arrangement of the vessels as forming coagulation. It has long been observed that with the heart as the centre of the propelling force, there is a demand for some resistance to the force and rapidity of the blood-current in some regions, and for a diminution of resistance at others. Thus, the closer the vessels are to the source of power, the greater the demand for resistance; and the further they are from that centre, the less resistance there must be. This realization is found in the arrangement of the angle at which collateral branches are given off from the main trunk, being at right angles near the heart, the angle becoming more and more acute as the distance from the heart increases. Now,

while this arrangement is admirable as long as the conditions of the blood and circulation are normal, when pyaemia or thromballis sets in, it is an element of danger. Conceive a current of blood, flowing in a comparatively sluggish manner, as it must do in the peripheral veins, with its plasticity so abnormally increased that it seems, as it were, to be in search of an excuse for coagulation, coming in contact with an impediment such as the wedge-like form of the point of bifurcation, at once the excuse is found, and a layer of fibrine is deposited, which is added to, by additions from the constant stream of blood passing over it, until a clot is formed. Hence the focus of thromballis becomes a matter of moment.

Escaping this danger, the blood being in this fibrinous condition, there is still a third way in which coagulation can occur, through physiological insufficiencies. Anything which retards the flow of blood, as venous stasis in the viscera or peripheral veins, or weakened heart action from shock, coma, or hemorrhage, by permitting momentary arrest of the current of blood must, on clearly understood physical principles, furnish the conditions for coagulation.

In some of these ways, then, thrombosis occurs, and under any or all circumstances there can be no question of the vital or intrinsic origin of pyaemia. There is no question here of bacteria, or the influence of any organic forms from without. The process from first to last represents a species of morbid action in the true sense of the word.

We have now accounted for the formation of the clot, as the initial lesion in pyaemia, and it is next to be enquired what relation multiple abscess has thereto. We must recognize the fact, in the first instance, that multiple abscess is not an invariable result of thrombus, whilst it is essential to the establishment of pyaemia. The clot may be of such a firm texture and perfect organization that the vessel is completely and permanently occluded. In consequence of this, abscess may occur, always on the distant side, or the vein become obliterated. When the former, the clot may gradually become lessened, and either a channel formed for the passage of the blood, it may be carried to some point where it is comparatively innocuous, or it may be discharged with the

contents of the abscess. In other cases, and under favorable circumstances, the clot being small and unattached, it may be carried into some of the arteries, after its passage through the lungs, and ultimately induce embolism—of course the consequences now will depend upon the vessel being plugged up. These, whilst among the rare and infrequent terminations of thrombosis, are not at all impossible, and may be considered, on the whole, rather desirable. Should it be possible to definitely locate the clot, in a superficial vessel, the question would arise: should any attempt be made to dispose of it by local treatment; if so, shall dispersion or fixation be attempted? Either disposition of the clot presents its peculiar dangers, but fixation seems to be rather more desirable, as there is less obvious danger from supuration than dispersion, when, if embolism is escaped, the conditions favorable to multiple abscess are established. But this, as not representing pyæmia in full development, is not strictly within the line of our enquiry.

The clot is usually found at the point of division of a vein, often at the point of union of a deep and a superficial vessel, lying across what is practically a septum. The formation of this clot acts as a nucleus for fresh accessions, chiefly as the calibre of the vessel is correspondingly narrowed, and the rapidity of the flow of blood retarded. Should the lumen of the vessel be entirely filled, the clot becomes lamellated in arrangement, and quite regularly organized. If one of the accidents mentioned above does now intervene, the clot begins to soften in the centre, working towards the proximal periphery, when the particles thus thrown off are carried along in the current of the blood, acting as nuclei for fresh coagula.

In the ordinary form, however, that in which the clot forms at the junction of two vessels, hanging over into each, there is little if any attempt at organization, the texture is loose and friable, and particles are continually breaking off and moving along in the current of blood. Under either circumstances, the particles from the original thrombus are carried along from the smaller vessels in the larger, passing into the lungs or liver, with the stream of venous blood, and either lodging in the minute vessels in these organs, or passing out again into the current of the arte-

rial blood. When the latter, embolism is quite sure to occur when the smaller arteries are reached, and the characteristic phenomena are produced. When the former, the point of lodgment becomes the focus for localized inflammation, minute abscess, which at once endangers the integrity of contiguous parts, and furnishes innumerable nuclei for new thrombi.

This represents, in brief, a history of the origin and course of a typical case of pyæmia. The most superficial reader and student, it seems to me, can scarcely fail to note the wide dissimilarity from septicæmia. In fact, apart from the fact that pyæmia often appears as a sequel to septicæmia, form the nuclei for thrombus, essential to the production of the former, being provided by the latter, apart from this, I repeat, it is difficult to establish any nosological relationship. We found septicæmia to be due to vital changes, without necessary dependence upon external conditions and circumstances, and the same vital considerations pertaining to the etiology of pyæmia has now been shown. Yet the conditions of one are only secondarily related to, or similar to, the other, and we are forced to conclude that those who speak of them as a unit, do so from an unfortunate desire to simplify nosology from a want of a proper appreciation of the requirements of pathology as related to therapeutics.

We find, also, that pyæmia may not, in a true sense, be considered as primarily a species of morbid action. Traumatism, by inducing hemorrhage, feeble circulation and weakened heart action, fills all the indications. The resulting suppuration is only an unfortunate conservatism of nature, which blindly seeks to remove impediments to her operations by thrusting them out of the way in the speediest manner possible. With a splinter in the finger, this process is harmless and proper; with a thrombus in the lungs or liver, when a weakened condition of vital powers is superadded from traumatism, it becomes dangerous and wrong. The two conditions are alike; the difference in result and significance is solely on account of the location, which converts a natural conservative process into a threatening morbid one. It is not seldom that we find this faint line of demarkation between physiology and pathology.

Before giving the differential diagnosis between these two forms



of toxæmia, something should be said of treatment. Naturally, the treatment is divided into hygienic and medicinal. Under the former head nutrition occupies the first place, both as prophylactic and restorative. By affording this, the conditions of pyæmia are either averted or modified, and later the consequences may be repaired. In fact, in many cases, exhaustion, rather than any specificity in the morbid action, is responsible for death. Nutrition does not include what are properly known as "tonics," yet mild stimulation is of the greatest value. It is not my purpose to suggest any particular form or variety of nutriment, as each case must become, to a considerable extent, a law unto itself. Milk, however, is of the first value, usually, to which may be added a small quantity of lime-water. Palatability and readiness of assimilation must be the controlling consideration.

*Remedies* must be selected with the greatest care. Unfortunately, Homœopathic text-books are written with such want of care, so far as nosology is concerned, that they are often worse than useless, even dangerously misleading. Although among the humbler in the brotherhood of writers, I acknowledge guilt in my own share in this, oftener, it may be said, from copying the words of others in whom I had confidence. *Lach.*, is spoken of in all our text-books, my own included, as a prominent remedy for Pyæmia; HUGHES, I think, was the first to recommend it in this connection. It may be that the secondary effects of serpent venom show increased plasticity of the blood, but it is well-known that the primary effect is a remarkable fluidity, loss of coagulability. It is possible that the remedy is contraindicated, if there is no secondary change in the blood, however applicable it may be to septicæmia. The error has undoubtedly arisen, if it be an error, from a failure to distinguish between the two conditions.

*Arsenic* has done me good service in one or two instances, and from a consideration of their known action, *Arnica*, *Bell.*, *Merc.* and *Hammam.*, with perhaps *Rhus*, should be more or less useful.

For the purpose of emphasising the points of difference, let me, in closing, present the more constant features of these two conditions, in opposite columns:

SEPTICÆMIA.	PYÆMIA.
<p>Lymphatic absorption.            Chronic character.            Local causes primarily.            Essentially traumatic.            Regular, moderate, febrile heat.            No regular chill.            No multiple abscess.</p>	<p>Venous thrombosis.            Acute.            Systemic derangement.            May be idiopathic.            Irregular, extreme changes in temperature.            Chills frequent and regular.            Multiple abscess.</p>

### PERNICIOUS MALARIAL FEVER.

BY W. H. HALL, M. D., ALEDO, ILL.

Read before the Illinois Homœopathic Medical Association.

To attempt a delineation of the various morbid phases and complications resulting from that subtle poison known as malaria, would require a paper of encyclopedic proportions. The infection being principally endemic, each locality has, to a certain extent, its modifications. Pre-existing conditions of the system, temperament and constitutional bent, combine to form the ever changing picture.

The present purpose is to speak of that group of morbid phenomena arising from so-called malarious poisoning in previously debilitated subjects, denominated Pernicious Fever, and to bring before this society the report of a case, the peculiar external manifestations of which, I think, are seldom met with. I was called, September 25th, 1881, to see a Swede woman, thirty-three years of age, mother of six children. She had chilled the evening previous, with subsequent febrile reaction. Pulse was 120; temperature 105; severe headache; grayish coating of the tongue and a flushed, besotted expression of the face.

I learned from the husband that her health had been poor for five or six years; that she had been treated by different physicians for that pathological scape-goat—"Liver Complaint"—and had aberrations of mind. Prescribed: Gelsemium ix every hour. The remedy was prompt in its action, and by next day the fever was inconsiderable. The sclerotics and cutaneous surface assumed an icteric hue; slight coldness or chilly sensation was perceptible at intervals of twelve to twenty-four hours, but

with the use of *Cinchona* and occasionally an intercurrent, as it seemed indicated, the progress was flattering until the lapse of a few days, and just as convalescence seemed taking place, when she was again seized with a severe chill, followed by imperfect reaction. The tongue became dry and brown; a watery diarrhoea, very offensive to the olfactories, was developed; the tissues of neck and left submaxillary gland became greatly tumefied and rapidly matured a large abscess which, though punctured as deeply as proper discretion would admit, discharged its contents through the mouth until a collection was formed over the larynx and an opening made with the knife, which drew off the purulent matter from above. A gangrenous slough, the length and breadth of the sacrum, also made its appearance.

A very peculiar feature of the case was complete anaesthesia of the entire body. She could not feel the insertion of a lancet, and had no knowledge or sensation of the urinary and fecal discharges which were passed in bed. Was weak and prostrate; complained of internal heat, and had great thirst for small drinks of water; was very restless at night, talked—talked a great deal about dying, etc. The extremities, which were inclined to be cold all the time, would be quite difficult to keep warm about midnight. The temperature was 100 to 102; pulse 110 to 120, and small. Arsenic was given to combat the adynamia of present stage of the case. But little progress was perceptible for a few days. Abscesses of various size, to the extent of a dozen, or more, rapidly formed on different parts of the body without being preceded with any rise in temperature or coloring of the surface in their locality. The pus was thin and watery, usually frothy at first; sometimes ichorous, or milky, and again a dirty dark gray, and always very bad smelling. After evacuation, the cavities were syringed with carbolized water which removed the obnoxious feter and converted the unwholesome discharge into a laudable one. The sacral slough was removed, and the excavation cleansed with carbolic acid, and then dressed with calendulated petrolina. The disintegrating process burrowed deeply into the surrounding tissue, giving overhanging edges to the open sore. A purulent collection at anterior superior spine of left ilium, and one in right glutei were found, after being evacuated, to communi-

cate with aperture over sacrum. In a few days improvement was quite perceptible; the tongue had become moist; thirst gone; rest better; temperature about normal, but pulse still too fast. Lachesis, Hepar, Silicea, and Sulphur were now administered as indications seemed to determine, or according to whim of prescriber, though Silicea was the principal remedial agent, and for a number of days no other remedy was given. During its administration cicatrization progressed admirably; the discharge gradually checked, and new pus cavities ceased to form. The diet consisted of wine of beef, beef-tea, meat-broth, and, at the patient's suggestion, oyster soup. After the fever had left, the request for small portions of beef was also granted.

As the patient continued to improve and other remedies were no longer in demand, Cinchona had the preference, and was continued as long as medicine seemed requisite. October 28th, thirty-three days from first visit, the patient, though weak and emaciated, was discharged convalescent. At that time the pulse and temperature were normal; slept well; appetite good; abscesses no longer discharging; the excavation over sacrum had filled by healthy granulation; despondency was replaced by a cheerful state of mind, and the result was alike gratifying to myself, the patient and friends. Convalescence was as speedy as could be expected for one left in such a debilitated condition, and at the expiration of two months she was fairly recuperated, since which time the physical and mental vigor has been better than for years previous. Hertz, in Ziemssen's Cyclopaedia, says: "Malarial fever may become dangerous to life when it attacks individuals who, on account of their constitution or their age, are unable to offer sufficient resistance to its assaults; or, because the symptoms belonging to the disease are developed with especial violence, and the individual stages are of too prolonged and exhausting duration; or, again, because the disease has localized itself in a threatening manner, in some important organ."

Again: "In aged people and those otherwise enfeebled, the disease sometimes becomes dangerous by exhausting the last remaining powers of life, rapidly assuming the adynamic character."

“Those fevers which are benign in form and only terminate unfavorably on account of peculiar circumstances, often depend on the individual attacked, are sometimes reckoned as pernicious fever, in the proper sense of the term are only such as are characterized by special dangerous, local affections in important organs. The form and the local affection of pernicious fever appear sometimes to depend on external, or individual, causes.”

From the same author we find: “Malarious fever may have a pernicious character given to it by the occurrence of gangrene in some portion of the body.”

Sholtz reports one case of death in a man from gangrene of the leg, and one of a woman from gangrene of the genitals. Fournier saw gangrene of one leg developed in a woman who had suffered four or five days previous from intermittent fever; and Lafay reports the case of a girl, five years old, one of whose hands grew black and gangrenous, after a few paroxysms of malarious fever; two days later, on the occurrence of a new attack, the other hand became likewise involved. The compiler also reports a case of his own, in which a deeply penetrating gangrenous slough occurred in right gluteal region.

In pathological anatomy, we find abscesses of the viscera and purulent collections in the serous cavities, but have not seen any reference to similar disintegration of tissue in the more superficial structures of the body.

Local anæsthesia as, for example, along the course of certain nerve trunks, is frequently mentioned as one of the resultant phenomena of malarious diseases, but general sensory paralysis, so far as I have observed, has not been recorded. General anæsthesia is a common symptom or result of certain neuroses, especially those conditions which lead to mental unsoundness. Ziemssen, Vol. XI., page 209: “We are thus led to understand why patients suffering from mental disease often bear the most painful operation with the greatest equanimity, and even mutilate themselves in the most horrid manner.” In this instance, the paralysis of sensation was, doubtless, the result of a previously diseased cortex cerebri, acted upon by the miasm, and is another illustration of the fact that pathogenetic agents require a congenial element from which to reflect their pathological index.

## PREVENTION AND RESTRICTION OF SMALL-POX.

(Continued from page 245.)

WHO MAY ATTEND SMALL-POX PATIENTS.—Any person who has recently been successfully vaccinated or revaccinated, or has *recently* had small-pox or varioloid, may attend on small-pox patients with comparative safety to himself, and in most cases with absolute safety so far as relates to danger from small-pox. No person who has been vaccinated or has had varioloid or small-pox more than ten years previously should rely upon such experience for security from small-pox, if exposed by attendance on a person sick with small-pox or varioloid. Such a person should immediately be revaccinated.

“It is now fully established that a typical vaccine scar is not proof of the immunity of the individual from small-pox. We have admitted to the hospital \* \* \* 711 cases of small-pox exhibiting typical cicatrices; of which number 73 proved fatal.”—W. M. Welch, M. D., in Philadelphia Health Report, 1872.

There is good statistical support for the common theory that the protective influence of vaccination, varioloid, and small-pox dies out in seven years. This is now known to be absolutely true for many persons, but there is no one period applicable to all persons, the fact being that while vaccination affords at first almost absolute protection, its influence is gradually worn out. Its protective influence is lost much sooner in some persons than in others, but experience has shown (as in Philadelphia in 1871-2) that many children vaccinated in infancy have varioloid before they are seven years of age, while in some instances one vaccination or one attack of small-pox protects the individual through life. Inasmuch as many persons are known to be susceptible to small-pox or vaccination as often as once in ten years, and as some are susceptible yet more frequently, this State Board of Health has advised revaccination every five years, as the most judicious measure for the prevention of small-pox.

## DISINFECTION.

DISPOSAL OF INFECTED MATERIAL.—All discharges from a small-pox patient should be received into vessels containing a strong solution of copperas (sulphate of iron), or the zinc-solution mentioned in paragraph 10. In cities where sewers are in use the dis-

infected discharges may be thrown into the water-closet; in other places they should at once be buried at least 100 feet distant from any well; they should not by any means be thrown into a running stream nor into a cesspool. All cloths, rags, etc., used about the patient should at once be burned, or where that is impracticable should be thrown into a strong zinc-solution. If necessary, discharges from the patient may be received on old cloths which should at once be burned or disinfected and buried. All vessels should be kept clean and disinfected.

Bedding, clothing, etc., should be burned so soon as removed from the patient. If it is too valuable to be destroyed, it should at once be disinfected by boiling in the zinc-solution, by heating in a specially prepared disinfecting-chamber to a temperature of  $250^{\circ}$  Fahr., or by long exposure in a close room or box to the fumes of burning sulphur, as stated in a former paragraph.

Cotton, linen, flannels, blankets, etc., should be treated with the boiling-hot zinc-solution, introducing them piece by piece, securing thorough wetting, and boiling for at least half an hour.

Heavy woollen clothing, silks, furs, stuffed bed-covers, beds, and other articles which cannot be treated with the zinc-solution, should be hung in the room during fumigation, pockets being turned inside out and the whole garment thoroughly exposed. Afterward they should be hung in the open air, beaten and shaken. Pillows, beds, stuffed mattresses, upholstered furniture, etc., should be cut open, the contents spread out and thoroughly fumigated. Carpets are best fumigated on the floor, but should afterward be removed to the open air and thoroughly beaten, after which they may well be again exposed to fumes of burning sulphur.

The copperas-solution may be prepared by dissolving sulphate of iron (copperas) in water in the proportion of one and a half pounds of copperas to a gallon of water. When much is wanted, it may be prepared by hanging a basket containing about sixty pounds of copperas in a barrel of water.

The zinc-solution may be prepared by dissolving sulphate of zinc and common salt in water in the proportion of four ounces of zinc-sulphate and two ounces of salt to a gallon of water.

CARE OF ROOMS, ETC., DURING SICKNESS.—So far as consistent

with the welfare of the patient, the room throughout the sickness should be constantly ventilated and frequently aired. To confine poison in a close room is to retain its power of infecting others. It is well to provide for disinfecting the foul air withdrawn from the room, as by an open fire-place where this is practicable, or by flues leading into furnaces, or kept constantly fumigated in some manner. It is well to keep in the sick-room a vessel containing the zinc-solution (mentioned in a preceding paragraph) for the reception of towels, sheets and other articles of clothing which are not to be burned or disinfected in a specially prepared oven.

**DISINFECTION AFTER DEATH, RECOVERY, OR REMOVAL.**—After death, recovery, or removal, there should take place, under the supervision of the health officer, the most thorough and complete disinfection of the house and the contents of the house in which there has been a case of small-pox. It is far better for the community and cheaper for the board of health to pay a competent man to see that this is properly done than to take the risk of its not being done well. This disinfection should be done with fumes of burning sulphur. For this purpose the room to be disinfected must be vacated. Heavy clothing, blankets, bedding, and other articles which cannot be treated with zinc-solution, should be opened and spread out so as to be freely exposed during fumigation. Close the doors and all large openings to the room as tight as possible, but do not use paste, or in any such way cover surfaces which need to be disinfected, nor prevent free entrance of the fumes to all cracks into which the contagium may have entered. Place the sulphur in iron pans supported upon bricks, set it on fire by hot coals or with the aid of a spoonful of alcohol and a lighted match, and allow the rooms to remain closed for several hours. For a room about ten feet square, two pounds of sulphur should be burned; for a large room a proportionally larger quantity should be used, that is at the rate of one and a half to two pounds of sulphur to each one thousand cubic feet of air-space.

**CAREFULLY AVOID BREATHING THE FUMES OF THE BURNING SULPHUR.**—After fumigation for several hours, the room should be thoroughly opened and aired, before it is again occupied.

**CARE OF THE CORPSE.**—The corpse should be wrapped in a



sheet wet with a zinc-solution of double the strength specified in a preceding paragraph, and buried at once. Metallic, metal-lined, or air-tight coffins should be used when possible, certainly when the body is to be transported for any considerable distance. In no case should the body be exposed to view except in a perfectly air-tight coffin, and through glass, the coffin after its final closure having been exposed to fumes of burning sulphur.

**DISINFECTION OF ROOMS, CLOTHING, ETC., INCIDENTALLY EXPOSED TO INFECTION.**—Hotel rooms, stores, cars, boats, hacks or other enclosures which may have been exposed to infection should be carefully disinfected by fumes of burning sulphur, as specified in a preceding paragraph.

**FUNERALS.**—No public funeral should be held at the house, and no one should go to a public funeral from the house where one has died from small-pox, or the inmates have been exposed to the disease. Should any one from an infected or exposed house ride to a funeral or a grave in a public hack, the robes, cushions, etc., and the interior of the hack should immediately afterwards be thoroughly disinfected by exposure for several hours to the fumes of burning sulphur, as described in a former paragraph.

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### THE CLINIQUE.

#### CASES OF DIARRHŒA TREATED BY THE "OLD MASTERS."

*Agaricus Muscar.* Md., aged 40 years, has been repeatedly relieved by the exhibition of dulcamara of a diarrhœa which has shown a strong tendency to become chronic; but gradually this has become more and more difficult, and various other remedies had to be interpolated. Last year, no remedy gave relief, and resort was had to a change of climate. The present attack has been characterized by the following:

*Symptoms*—Diarrhœa, especially in the morning, immediately after rising and after eating, always with much rumbling in the bowels and discharge of flatus, accompanied with cramp-like cutting pain in the bowels.

Dulcamara, acid phosphoric, pulsatilla, cuprum, cocculus were given without satisfactory effect. Then agaricus, 200; after which the patient was free from diarrhœa for three days. Sab.

200, was taken, and the diarrhœa again appeared. Agaricus, 200, was again given, several doses at intervals of four to eight days. Diarrhœa ceased after the second dose, and never returned, although diarrhœa existed almost in form of an epidemic.—  
[Rumm.]

*Arnica Montana.* A girl aged 2½ years, has suffered with the following symptoms for several weeks :

Liquid, foamy, acrid and very fetid evacuations from the bowels, several times during the day, with discharge of flatus. The abdomen is bloated, appetite poor, frequent belching-up of foul-smelling gas ; sleep at night is uneasy and broken. The temperature of the body is changeable, now warm, then cold ; she looks badly ; earthy color of the countenance. Lassitude, feverishness, hacking cough. Cured in five days by a solution of six drops of the tincture of arnica (root) in three ounces of water.

[NOTE.—Arnica must never be used in the treatment of diarrhœa in which it will always prove harmful ; the reason of this is obvious from its peculiar mode of action.]—*Hahnemann, Mat. Med. Pura, Vol. I., preface to Arnica Montana.*

*Arsenicum alb. Hints :* “In those watery diarrhœas of children which are the result of taking cold, and occur during the period of dentition, with rapid loss of strength and violent, exquisitely painful colic, arsenicum is the most reliable remedy.”—*Hartmann.* “Of late, there have been observed diarrhœas with violent, cutting pain in the bowels, and arsenicum usually relieved them promptly when the attacks were increased in frequency by moving about, and when there were present violent thirst and coldness of the body, with perspiration of the face.”—*Seidel.* “Arsenic has repeatedly proved its usefulness in fall-diarrhœas, with violent burning pain in the umbilical region before and during stool, which was frequent and consisted of a small amount of stool, with sickness at the stomach, great thirst for cold water, profuse perspiration, uneasiness, tossing to’ and fro. The attacks come on more particularly between midnight and early morning.”—*Seidel.* “Arsenicum, 30, helped me in several cases of neglected diarrhœa of children who were cutting their first teeth, when the patient had daily from five to six evacuations of a brown water, which was expelled forcibly and in

one gush ; they had lost all their flesh, and had become mere skeletons covered with yellow parchment ; the appetite had gone, they cried all day, and, with their bloated abdomen and old-looking faces, had become the very picture of infantile atrophy. \* \* I never found it necessary to give more than three doses.”—*Schraen*. “Arsenic is well adapted to the tedious *dysenteric* diarrhoea of children, accompanied with violent, tearing pains in the bowels, great thirst, rapid emaciation, hectic fever.”—*Knorre*.

*Case* : A soldier, aged 29 years, tall, of sanguine temperament, was taken sick during the night. *Symptoms* : Terrible colic with frequent thin stools, fainting, cold sweat all over the body, lies in bed doubled up ; violent tearing and cutting all through the upper half of the bowels ; lower bowels are bloated, soft, but painful to touch ; scanty, slimy evacuations from the bowels which come on nearly every minute, with increased pain in the bowels and pressure in the anus. Terrible thirst, with dry, white tongue ; nausea, especially when moving ; with it, stupid feeling in the head, bluish color of the lips, painfully distorted countenance ; anxiousness, moaning, coldness of the extremities and of the face. Pulse 88.

Recp. Ars., 30th, one drop ; soon after, the pains grew less violent, one more stool ; sleep ; perfectly well on the next day.—*Seidel*.

\* \* \* \* \*

A general, two years ago, contracted dysentery while in Africa, and has never recovered from it. *Symptoms* : Emaciation ; countenance pale, yellowish ; eyes hollow, lustreless ; skin dry, pallid, somewhat hot, tongue coated, with red papillæ on it, edges and tip red, thirst toward evening, lower bowels drawn in, the entire region of the transverse and descending colon very sensitive to touch ; appetite good, unless during his more violent attacks ; evacuations are always watery, from one to three in a day ; worse during the night. They are preceded by violent colic and excessive weakness. Every six to eight days the diarrhoea stops, and for two or three days he will have no stool at all. Then will come a day when his bowels move from eight to ten times. Recp. Veratrum ; no relief. A complete cure was made by arsenic, 30, once a day for some weeks.—*Molin*.

## APIS MELLIFICA.—CLINICAL CASES.

BY E. FISH, M. D., GREENVILLE, MICHIGAN.

Lou, of E. F. R. T., aged ten years; health generally good, surface temperature augmented, skin dry, pulse 124; moderate thirst; tongue coated in middle and towards base with a dirty white fur, edges of tongue reddened, headache, gastro-intestinal symptoms negative, urine scanty, with pain and tenderness in lumbar region. Erysipelatous inflammation occupying right face and neck; the swelling smooth, red, and the seat of painful burning sensation.

Apis, 6th cent., cured promptly, and completely.

Miss H. N., 18 years of age, had attended a country dance three days before, and taken cold in passing from the heated atmosphere of the dance-room into the cold air of out-doors, followed by a sleigh-ride home—a distance of four or five miles—indifferently protected. Skin hot and dry; pulse 120; severe headache, with general aching and lameness; dull aching and lameness in lumbar region; tenderness upon pressure over kidneys. Passed but little urine during the preceding forty-eight hours. Puffy swelling of face and eyelids, well marked œdema of extremities; mouth and throat dry, tongue lightly covered centrally and towards base with a dirty white fur.

Apis 3d, ten drops in four ounces of water, two teaspoonfuls at intervals of four hours, at the end of which time I found the patient much improved. Continued medicine forty-eight hours, when further attention was considered unnecessary.

SELF.—Attacked with phlegmonous erysipelas, commencing at a point corresponding to angle of inferior maxilla, rapidly extending to all the space from nose to ear, and from eye downward to middle of neck. The swelling smooth, red, and the seat of severe stinging burning pain; sensation of fulness of head; dull headache; mouth and throat dry; thirst urgent; pulse 118.

Apis 1st, drop—doses every four hours, cured promptly; all symptoms removed at the end of three days.

SARAH, H. N., aged 12 years, has had scarlet fever. For several days has passed very little urine, not more than two or three ounces during the last twenty-four hours; urine albuminous with

unmistakable traces of blood; the skin pale and glossy; the face swollen, the eyelids tumid and infiltrated with fluid; the whole surface of the body, the arms, hands, legs and feet swollen, pitting deeply under pressure. The dropsical effusion does not seem to predominate in any one part. Extreme tenderness of the abdominal walls under pressure; respiration hurried and labored; dyspnoea and wheezing, indicative of pulmonary oedema; pulse very frequent and irritable; irritability of heart's action.

*Apis* 3d, cent., ten drops in three ounces of water, one teaspoonful every hour for six hours, modified the symptoms favorably. Continued the medicine at intervals of two hours for twenty-four hours with continued improvement; increase of urine, respiration slower; pulse diminished in frequency and of better quality. Continued the use of *Apis* at longer intervals until complete recovery. On the 8th day not an abnormal symptom remained.

"CLINICAL OBSERVATIONS ON THE OPTICAL EFFECTS OF HYPERBOLIC LENSES EMPLOYED AS SPECTACLES IN KERITOCONUS AND IRREGULAR ASTIGMATISM."

From the German by Park Lewis, M. D., of Buffalo, N. Y.

A brief resume of a paper of much practical importance to those interested in ophthalmic matters, appearing in a recent number of the "*Klinische Monatsblätter fuer Augenheilkunde.*" may be of value.

The writer, Professor Raehlmann, of Dorpat, presented the subject at the Ophthalmological Congress at Heidelberg, in 1879, and exhibiting at that time some conical lenses ground on a hyperbolic curve and adapted for use as spectacles. Since that time he has added to the results then given in a series of cases, fourteen in all are reported, in which anomalies of refraction due to conical cornea and irregular astigmatism have been corrected by means of these lenses. The first case had been already published and is reproduced.

The patient, a nineteen year old girl, had in the left eye a typical keritoconus without the least obscuration of the point.

Without glasses she could count fingers at fifteen feet. With stenopaic slit and concave sph. and cyl. glasses V. was raised to

1-10. With the conical lens. No. 3.0 V. was raised to  $\frac{1}{2}$ . While the patient, both without and with concave glasses could read J. 9 and 10 with much effort, with the conical lens Jaeger 8 and 4 was read at the usual distance, and 1 and 2 somewhat nearer.

In regard to the method of notation employed for these hyperbolic glasses Professor Raehlmann says that it was devised by himself, and the glasses ground at the Optical depot of Emil Busch, at Rathenow. The mathematical points involved would not be of general interest. Suffice it to say, that two systems are employed having different hyperbolic curves, and having the meter as a standard. These are from 0.5 to 5.0. The Professor had some difficulty in determining the proper hyperbola, but the results obtained with these two systems leave little to be desired.

While Professor Raehlmann was investigating the subject, Professor Schœler, of Berlin, had also succeeded in making some considerable improvements in vision with like lenses.

In 1880, he communicated the following case to the Medical Congress in Berlin. "Miss N., 27 years old, from Berlin, had on her left eye upward and outward from the centre of the cornea, a distinct keriticoconus, with a small spot upon the point. The upper portion of the cornea is quite clouded in consequence of keratitis pannosa, while the ophthalmoscope demonstrates a high degree of myopia. V. only 14-200, and is as good with as without strong concave glasses.

Sn.  $1\frac{1}{2}$  is read with difficulty at from  $1\frac{3}{4}$  to 2 inches distant with the hyperbolic lens No. 4, (4 m.m.) vision is raised to 1-5, and Sn.  $1\frac{1}{2}$  is easily read at from 7 to 8 inches distance.

The patient had consulted many oculists and opticians in the endeavour to find suitable glasses, and is overjoyed to have found at last a lens which will enable her to go about the streets without a guide, and to be able to read the large letters of the street signs. With these glasses she sees for the first time not only the outlines of all objects, but these outlines much enlarged, whereas the concave glasses from minifying the objects had become wholly intolerable to her.

At the same time further observations in the same direction were being conducted in Frankreich in part by Prof. Dorr, at Lyons, and in part at the clinic of Professor Guyet and Dr. LeRay.

In December, 1880, Dorr, following the models which Raehlmann had exhibited in Geneva, had some conical lenses ground in Geneva, and exhibited them to the Medical Congress at Lyons the same month.

A few of his cases given in brief will suffice to illustrate his results :

Miss R. has had left-sided lagophthalmus since her eighth year. In February, 1870, Dorr made an iridectomy, and the following day a blephororhaphy. V. in this eye was 4-200. Seven days after the operation V. was 20-200, and through the stenopaic slit held vertically 20-70. With conical lens 1.0, V. was 20-70, as with the stenopaic apparatus. In this instance V. was not greater with the cone than with the slit, but the narrowing of the usual field, the well-known disadvantage of stenopaic lenses, was avoided, and the correcting glass served equally well for near and distant vision.—The next case is one of double conical corneæ, with a spot on each point, and which had been operated by Liebreich a short time previous. No. 200 could be read at only 15 c. m. In left, with stenopaic apparatus 20-200, right 10-200. With No. 1.0 cone left 20-100, right 10-200. Thus making vision better in the better eye with the cone than with the slit.

Another, a lady eighteen years old, with keritoconus in each eye and small conical clouding more particularly in the left. The patient has suffered from the diseased condition from her fifth year, in consequence, her parents say, of measles. In the left eye the stenopaic slit, and—12 D. gives V. 20-200. In right with slit and 1-1-9 V. 20-100. November, '79. Iridectomy in both eyes. December, '80, V. without glasses, right 20-70, left 20-200.

The stenopaic slit raises vision to 20-100, as does also 1-11 D., but near vision is not possible. With the conical glass 3.0 V. in left is raised to 20-100, right 20-70, but for both eyes together, V. 20-50, and is equally good for near and distant vision.

Another—Sister S., with double-sided keritoconus without glasses had V. 20-200. With conical glass 3.0, V. 20-50. After double iridectomy in this eye in principle meridian V. without glasses 20-100, with cone 2.0, V. 20-30 (two letters).

A number of other cases are given of conical corneæ, also some of irregular astigmatism with even more striking results, but

these as representatives will suffice. In referring to these cases Professor Raehlmann notes the fact that by means of hyperbolic lenses better vision was usually obtained than by any combination of glasses. The additional fact too, to which he attaches much importance, is the expansion of the usual field which they allow. They also permit, as strong combinations of lenses will not, the use of the eyes for near or distant vision with equal facility.

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### GYNECOLOGICAL NOTES.

O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

(a). MISCARRIAGE FROM DISPLACEMENT OF THE UTERUS.—Among the most frequent causes of miscarriage is displacement of the uterus. It is no uncommon thing for women to miscarry about the fourth month, consecutively, for several pregnancies. Now, I believe that the cause may very often be found in the fact that as soon as pregnancy occurs, the uterus settles down and becomes displaced, either one way or another; in fact, it is quite a rare thing to find the uterus of a pregnant woman in proper position, and I have no doubt that very many of the disagreeable symptoms of pregnancy may be accounted for in that way. When the uterus has become displaced in the pelvic cavity, no matter what form of displacement it may be, miscarriage must necessarily follow as soon as it becomes impossible for the foetus to further develop. The displaced uterus cannot rise into the cavity of the abdomen from its abnormal position, and cannot enlarge much beyond the fourth month in that position. It must, then, necessarily discharge its contents. The remedy in these cases is a proper fitting support to be applied, and worn during the early months of pregnancy, but should be removed as soon as the uterus is sufficiently enlarged to prevent its becoming displaced in the pelvic cavity.

(b). HOW TO MAKE A VAGINAL EXAMINATION.—We often hear physicians tell of difficulty in reaching the os in making digital examination, and indeed there is often difficulty in doing so, with the patient on her back, or side, with her face towards the operator, especially if the person making the examination has short fingers. That difficulty is easily overcome if the patient is



placed upon her side, (either right or left) with one or both knees drawn up, while the operator sits behind her and makes the examination from behind. In this position the os is easily accessible, and can be reached in from two and a half to three inches from the vulva.

(c). HOW TO MAKE AN OCULAR INSPECTION OF THE OS UTERI WITHOUT A SPEULUM.—Put the patient in Simm's position, and with the two front fingers of the right hand, retract the posterior vaginal walls exactly as with a Simm's speculum, when a good view of the os can be obtained; oftentimes one wishes to make a specular examination when he does not have his speculum with him; under such circumstances the fingers will many times answer every purpose, the air enters the vagina and distends it just the same way as when a Simm's speculum is used. In this way the posterior wall of the vagina is retracted somewhat, which brings the os uteri considerably nearer the vulva than it otherwise would be, and if the posterior wall was *not* retracted, it would still be more accessible from behind; this is easily seen when one remembers that the direction of the vagina is *upward* and *backward*. With a woman upon her back, her os uteri is more inaccessible than in any other position she could get into, and yet that is the position almost always chosen for both digital and ocular examinations. Many men who have practised medicine thirty or forty years still put their patients upon their backs to examine them; indeed I do not remember to have seen over three or four men who are in the habit of practising the other method. Whoever tries this way will never return to the other. Students are almost invariably taught to place patients upon their backs, or sides, and make examinations from the front, and not one in a dozen *ever reaches the os* until after they have been long in practice. They should be taught to make it the other way, and then they would know what it is like before they get into practice, and would immediately recognize it by the touch.

(d). PASSING OF THE FEMALE CATHETER.—When from any cause it becomes necessary to pass the female catheter, much delicacy as well as skill and patience is required, and, if possible, ocular inspection should be avoided, and the instrument introduced by touch alone, under the dress or bed-clothes. The ac-

complishment of the above fact is well nigh impossible at times, even to the most experienced, while the young doctor in his first attempt is almost sure to get into a perspiration before he experiences the gratification of feeling the instrument slip into the patient's urethra. All this trouble comes from following the universal direction, which directs that the finger be moved in the mesial line until it touches the urethral orifice, which will be felt as a slight surrounding elevation, with a center depression. The direction would be well enough, but for the trouble in *finding* said "slight elevation with center depression," without the aid of the eyes. Now, a plan much easier than the above is to introduce the finger into the vagina, upon the anterior wall of which will be felt a small but distinct ridge, the urethra; and by moving downwards upon that ridge with the finger, the orifice is easily reached and the catheter directly introduced. Any one, whether experienced or otherwise, by following the above directions, can accomplish the operation without either trouble or waste of time.

(e). INTRODUCTION OF PESSARIES.—This operation is almost always performed with the patient upon her back, and the failure of many pessaries in the hands of operators is not so much the fault of the instrument, as of the person applying it. With a woman upon her back it requires not a little knack to properly adjust a support or pessary without inflicting upon the patient unnecessary pain, as the weight of the uterus in that position makes it naturally gravitate towards the back, and it must be lifted up before a pessary can be placed; no easy matter in such a position, and often imperfectly accomplished, to the *patient's cost*. Now, the adjusting of a pessary or supporter of any kind should always be done with the patient in *Sim's position* upon her side with *knees drawn up*, or in the *knee-breast* position, for the reason that the uterus is most accessible in these positions, and that the air being admitted by the retraction of the posterior vaginal wall, and perineum, distends the vagina, and keeps the uterus in the normal position by the air pressure while the instrument is being placed. One thing more should always be kept in mind when choosing or placing a pessary or supporter, *i. e.*, that none of the uterine ligaments exert a particle of influence in preventing a sinking down of the uterus into the pelvis; the

uterus may even protrude at the vulva, and yet none of its ligaments be upon the stretch. The only support to that *organ upward is the vagina*, and the retentive power of the abdominal cavity—that power perhaps furnished by the influence or respiration by the diaphragm, which operated as a tight valve to the abdominal cavity. The only office of the uterine ligaments is to prevent that from tipping over; they act exactly like the guy ropes in hoisting a liberty pole—who, for a moment, would contend that *they* would prevent the pole from sinking down endwise if there was no resistance offered by the ground.

### NOTES ON THERAPEUTICS IN LABOR AND GESTATION.

(Read before the Maine State Institute of Homoeopathy, May, 1882.)

WM. B. LEONARD, M. D., MINNEAPOLIS, MINN.

**ARNICA**—September, 1881.—A young woman, six months pregnant, fell backward upon the sidewalk, striking forcibly upon the nates, and receiving a severe concussion of the spine. No help was secured, no medicine taken until twenty-six hours later, when she was found suffering a severe pain along the spine and through the abdomen, with premonitions of labor; temperature 102°, pulse 120. Her mental anxiety lest she lose her child was greater than her physical sufferings. R *Arnica*, 200 in water every two hours; Sac. lac. as soon as relief set in. The next morning she experienced nothing but some soreness along the spine, and dismissed her physician. Three doses of arnica were taken.

December 6th, 1881.—The same woman was delivered of a healthy female child, her first, after eighteen hours labor—a *breech presentation*.

*Arnica*, prescribed after Guernsey, always renders comfortable the thirty-six hours following labor, in my limited experience.

*Nux Vom.* 30, relieved a dark-haired irritable woman of constipated habit, during her fifth labor. The indications were, aside from the above constitution, a feeling as of something in the rectum, “as if she were going to have a diarrhœa,” a soreness in the uterine region, with history of hemorrhoids. This remedy given in the first stage made this labor much easier than former ones.

*Phos.* gave prompt relief to a marked hoarseness immediately

after labor—a constant symptom, after each labor heretofore, recurring in this the sixth.

**PULSATILLA**, in several cases, has relieved the following symptoms: Fitful pains felt in the back, followed by hot flushes over the body, the room seems too warm; she thinks she cannot get through; cries peevishly,—all in first part of second stage.

In one case, the prompt action of this remedy surprised me. December 24th, 1882.—A young woman in her second (dry) labor, who had formerly had a tedious time, the os being very slightly dilated, received three or four doses of Puls. 200, fifteen minutes apart. Half an hour bringing no change, I left the case, promising to return in an hour. In half an hour after I left, the baby came with good vigorous pains, the placenta quickly following. I blamed Puls. for losing me the case.

**SEPIA**.—A woman whose two previous labors had been tedious, lasting from four to five days, anticipated a similar siege of suffering on this occasion. She was assured that this was unnecessary, and given Puls. 200, in water, half-hourly in the first stage of labor, the pains being much accelerated by these doses. Then I learned that during the last two months of pregnancy she had been kept awake almost every night by “motions of the child,” gaining scarcely two hours sleep. The abdomen was still very sore to touch or motion. *Sepia* 200, two doses two hours apart, brought on delivery in three hours and a half from the first dose.

**SULPHUR**.—A woman in sixth labor usually suffers from cramps in thighs and calves in second stage. Under Sulphur, 200, one dose, she got through without cramps, although she declared the pains were more severe than usual.

These notes are taken from the most trustworthy indications, jotted down from a number of my personal cases. I realize that all such indications are clinical, and that the processes we attempt to modify generally proceed naturally and regularly without artificial or medical aid. Yet I believe medicines do thus modify, and add these bits of testimony for what they may prove themselves worth.

Since the above was written, *Sepia*, 200, has in my hands rendered comfortable a lady in the seventh month of pregnancy, who was tortured by the motions of the child. The soreness of the

abdomen, the severe pain about the loins, and sleeplessness, all disappeared in a few days, and she could again look after her household matters, and be quite constantly on her feet.

#### SUDDENLY TURNING GRAY.

Staff-Surgeon Parry, while serving in India during the mutiny, saw a strange sight. Among the prisoners taken in a skirmish at Chamda was a sepoy of the Bengal army. He was brought before the authorities, and put to the question. Fully alive to his position, the Bengalee stood almost stupefied with fear, trembling greatly, with horror and despair plainly depicted on his countenance. While the examination was proceeding, the by-standers were startled by the sergeant in charge of the prisoner exclaiming, "He is turning gray!" All eyes were turned on the unfortunate man, watching with wondering interest the change coming upon his splendid, glossy, jet-black locks. In half an hour they were of a uniform grayish hue.

Some years ago a young lady who was anxiously awaiting the coming of her husband-elect, received a letter conveying the sad tidings of his shipwreck and death. She instantly fell to the ground insensible, and so remained for five hours. On the following morning, her sister saw that her hair, which had been previously of a rich brown color, had become as white as a cambric handkerchief, her eyebrows and eyelashes retaining their natural color. After a while the whitened hair fell off, and was succeeded by a new growth of gray. This case coming under the observation of Dr. Erasmus Wilson, shattered his unbelief in the possibility of the sudden conversion of the hair from a dark color to snow-white. No man knows more about the hair than Dr. Wilson; but he is at a loss to explain the phenomenon quite to his own satisfaction. "If," says he, "it be established that the hair is susceptible of permeation by fluids derived from the blood—a transmission of fluid from the blood-vessels of the skin into the substance of the hair really occurs, the quantity and nature being modified by the peculiarity of constitution or state of health of the individual—it follows that such fluids, being altered in their chemical qualities, may possess the power of impressing new conditions on the structure into which they enter.

Thus, if they contain an excess of salts of lime, they may deposit salts of lime in the tissue of the hair, and so produce a change in its appearance from dark to gray." Then he tells us: "The phenomenon may be the result of electrical action; it may be the consequence of a chemical alteration wrought in the very blood itself, or it may be a conversion for which the tissue of the hair is chiefly responsible." So many "may-bes" from such an authority prove that the mystery of the sudden whitening of the hair is yet unsolved. It is likely to remain unsolved, since the doctor—more modest than many of his brethren—owns that "the mysteries of vital chemistry are unknown to man."—*From "Sudden Whitening of the Hair," in Popular Science Monthly for August.*

#### DISEASE IN THE SCHOOLS.

I said, in my address at the Health Congress, at Brighton, what was quite true, that I had never in my life seen a healthy child, by which I meant that I had never seen a child that had not in it either some actual or latent constitutional disease. Touching the subject now in hand, it is equally true to say that it is all but impossible to find, in the boarding schools of our large towns, any semblance, critically viewed, of health. Constitutional taints, which under favorable circumstances may often be concealed, and which may or may not be apparent, are there. Various conditions of disease are there, independently of the tendency from heredity; there of themselves, in some irregularity of body or limb, in some imperfection of sense, in some deficiency of quality of blood, in some feebleness of respiration, in some nervous irregularity of function, in some shade of mental aberration.

The field of disease which is presented in some of the schools situated in crowded localities is indeed a sight at once for anxiety and pity. To the eye of a physician who, like myself, has spent many years in dispensary practice, it tells a story which is absolutely painful, if he permit the results to be calculated out in his mind at leisure hours; if, that is to say, he compares what he has witnessed in his survey with what he has learned, from long observation, of the meaning of the phenomena in the history of life. It is not necessary to strip the children, percuss and sound the

chest, examine the spine, or practice any of those refined arts of diagnosis with which he is familiar. He reads from the indications of temperament, of expression of countenance, of color of skin, of position of limb, of build of body, of gait, of voice, sufficient outward manifestation to discern what is the true physical state, what are the stamp and extent of disease, what is the vital value of the lives generally that are before him.—Dr. B. W. RICHARDSON, in *Popular Science Monthly for August*.

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#### HOW THE ITALIANS EMBALM.

The principal Italian embalmers keep their special processes a secret, although the chief steps are well known. The process of embalming is stated to consist of five steps. First, cold water is injected through the whole circulatory system until it issues quite clear. This may take as long as five hours. Alcohol is then injected for the purpose of abstracting all the water from the body. This is followed up by the injection of ether, to dissolve all the fatty matter. This injection is carried on for several hours—in thin subjects for two, in very fat ones for even as long as ten hours. After this, a strong solution of tannin is slowly injected, and full time is allowed for its soaking into all the tissues; this takes from two to five hours. Lastly, the body is exposed for from two to five hours to a current of warm air, which is previously dried by passing it over heated chloride of calcium. The body can then be preserved for any length of time without undergoing change, and is as hard as stone.—*London Lancet*.

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#### CORRESPONDENCE.

EDITOR COUNSELOR—Dr. Duncan's valuable article in the 15th of June number of Investigator, "Vennor's Weather and Disease," suggests the following:

I endorse Dr. Duncan's article in toto. If we were to note the weather closely, and report it as a part of the case, in a few years we would know beforehand the class of remedies that would benefit our cases, without having to try remedy after remedy, as we now have to do. We now know that we must look more to the

brain than to the bowels for the remedies for bowel affections during this damp, cold summer. How much better it would have been for our patients, and ourselves, if we had known this six weeks ago. Belladonna will be called for this summer as often as hyoscyam, especially with "bloody, mucous, frequent, involuntary stools, rolling of the head, spasmodic twitching," etc.

Bell & Laird's Therapeutics of Diarrhœa will repay close study. I find diseases more obstinate so far than I have found them for many years, and, judging from our large mortuary reports, my experience is not isolated. We may expect convulsions in all cases of diarrhœa and dysentery that continue longer than ten days; hence the importance of giving nerve remedies early. Mercurius has disappointed me this summer. I have found it utterly useless. In adults, after the diarrhœa is checked, if there is a broad, flabby tongue, showing indentations, Merc. Sol. will benefit the case. Secale corn 1<sup>x</sup> relieved a case of watery stools after failure of Pod.<sup>3</sup> and Verat. alb.<sup>3</sup>. The stools were not very offensive, and there was no coldness of the forehead.

*Key Note:* Patient wanted to throw off the cover—bowels moved about once an hour.

No stools after Secale. I had treated this case for twenty-four hours,—some six doses of Pod.<sup>3</sup> <sup>tr.</sup>, then Verat. alb. <sup>3</sup>, every hour. Where there are cutting pains, Colocynthis will do good. I think elaterium will prove a valuable medicine this season; stools yellowish white, slightly tinged with green; squirting. Dr. Clutterbuck's elaterium is the best. If damp weather is the cause, Natrum Sulph. may be called for. Cina is also a valuable intercurrent remedy. For gritting the teeth, whining, whimsical mood, I give one dose of the third trit. of santonine, and after an hour or two continue the indicated remedy.

I think a good course to pursue in bowel affections is to give the medicine every third stool; then, as the patient improves, the interval between the doses is lengthened. As death may ensue in an hour or two, in genuine Cholera Infantum, it is necessary to repeat the dose often, until improvement commences. If this wet summer is followed by a *dry fall*, we may expect a great deal of Malarial fever, and perhaps a large number of pernicious cases. I use quinine in congestive fever. Hot applications,—



camphor, or veratrum, may relieve the first chill ; but quinine is absolutely essential to prevent the second, or third, chill, and I think it criminal not to use it.

When the three stages are equal, small doses of quinine, or any of the salts of Cinchona, will stop the chills. I never gave quinine in chronic cases of Malaria.

Yours, truly,

J. C. CUMMINGS.

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### MEMORANDA.

The first place in "The Popular Science Monthly" for August is given to the concluding part of the address of Emil du Bois-Reymond on "The Physiology of Exercise," in which the action of exercise on the nervous centres, its relation to natural selection, and the merits of different systems of gymnastic and out-door training are considered. In "National Necessities and National Education," Dr. B. W. Richardson makes a strong and direct plea for the giving attention in the public schools to a broader physical education. Mr. William W. Jaques, Ph. D., contributes a paper on "Acoustic Architecture," in which he considers the effect of the condition of the air within an auditorium, the material of which its walls are composed, and its shape, upon its acoustic qualities. M. Stanislaus Meunier, a French geologist, describes "A Gigantic Fossil Bird," the remains of which have been found in France, which stood at least ten feet high, accompanying his description with illustrations which help to realize the gigantic dimensions of the bird. Professor Tyndall gives the measure of the "Progress of the Germ Theory of Disease." In "The Book-Men" the late T. Wharton Collens shows what knowledge owes to the school-men or closet students of the middle ages and succeeding centuries, vindicating their claims to a degree of appreciation which this age of out-door investigation is too apt to deny them. Dr. Andrew Wilson, one of the most trustworthy as well as entertaining scientific writers of the day, is the author of a lively paper "About Elephants." Professor Harvey W. Wiley explains "The Chemistry of Sugar," and adds the assertion that this country ought to make its own sugar, and could do it if it would. Readers who are interested on the question of a fourth dimension in space will find the latest that has been thought on the subject in Mr. Alfred C. Lane's paper on "Transcendental Geometry." This paper is followed, and relieved, by Mr. Winter's "My Spider," the interest of which lies in its individuality and its incidents, and which appeals alike to serious and light readers. A not uncommon phenomenon is described in "Sudden Whitening of the Hair;" "How Plants resist Decay" is explained by W. O. Focke; Lieutenant Kreidler, fresh from a scientific expedition in central Asia, describes, in "The Topmost Country of the Earth," the land of Thibet, and its singular isolated people. The por-

trait and sketch are of Baron Nordenskiöld, the distinguished Swedish explorer, who has just achieved the circumnavigation of Europe and Asia. The editor, in the "Editor's Table," vindicates the purpose of the "Monthly" in seeking to elevate the popular thought to the comprehension of the questions that are occupying the ablest minds, instead of "competing downward" with the other popular magazines. A large amount of space is given to literary notes and brief miscellaneous articles, and they are of unusual value.

New York: D. Appleton & Company. Fifty cents per number, \$5 per year.

The Transactions of the Sixth Annual Meeting of the American Homœopathic Ophthalmological and Otological Society are now in the hands of the printer. They will probably constitute a larger and more valuable volume than any of those of previous years. Among the papers are many of permanent value—being contributions from the experience of some of our most widely known specialists. Pathological cases are discussed, new surgical procedures are explained, malformations illustrated, and anomalous cases described.

Among the clinical notes of value may be mentioned a paper on "Cinchona in relation to the Middle Ear," and one on *Nux Moschata* as a remedy in "Scleritis."

The minutes of the Indianapolis meeting will also be given, with a list of members of the Society, its officers, etc.

Each member *not in arrears* will receive a copy of the Transactions as soon as published.

This volume, or that of any year since the organization of the Society, will be mailed by the Secretary to any address, on receipt of price—fifty cents.

If postage stamps are sent in payment, they must be of small denomination. F. PARK LEWIS, *Secretary*, 188 Franklin Street, Buffalo, N. Y.

Reports to the Michigan State Board of Health by fifty-one observers in different parts of the State, show a comparatively satisfactory state of public health during the week ending July 15th, 1882. An increase is reported of cholera infantum, cholera morbus, consumption of the lungs, intermittent fever and dysentery. Diphtheria existed at twelve places, small-pox at five places (i. e., four cases at Detroit, twenty cases at Flint, one case at Lansing, three [new] cases at Grand Rapids). For the week ending July 15th, Sanitary Inspectors report ten cases of measles brought by immigrants arriving at Port Huron, and five cases of measles among those arriving at Detroit.

The House Committee on Appropriations has agreed to insert in the Sundry Civil Service Appropriation bill a clause restricting the operations of the National Board of Health to the diseases of yellow fever and cholera. The amount of the Board's appropriation has been cut down so that, if the

appropriation bill is passed as recommended, the publication of the *Bulletin* will have to be suspended. This will be much regretted.—*Medical Record*.

The Queen's County (N. Y.) Medical Society, and the Lewis County (N. Y.) Medical Society have passed resolutions condemning the "new code" adopted at the last meeting of the State Society, and providing for a systematic effort to secure a repeal of the action of the New York State Medical Society.

Messrs. Boericke & Tafel expect to bring out, at an early date, a finely illustrated work on Medical Botany. We have examined several plates, and are glad to say that they excel in accuracy, delicacy of coloring, and in fidelity to nature.

HOMEOPATHIC DEPARTMENT OF THE UNIVERSITY OF MICHIGAN, GRADUATING CLASS, JUNE 29, 1882.—At the recent commencement of this Institution the following named members of the Class were graduated: A. L. Ambrose, Lake Ridge, Mich.; Chas. H. Brucker, Ann Arbor, Mich.; H. L. Clark, Aylmer, Ont.; Evelyn A. Churchill, LaPorte, Ind.; Albert S. Dolan, Guilford, N. Y. William H. Davis, Aylmer, Ont.; Benedict Einarson, Iceland; Olive L. Eddy, Mexico, N. Y.; Walker I. Howard, Detroit, Mich.; John Hunter, Ann Arbor, Mich.; Thos. H. Turner, Quincy, Ill.; Wm. E. Vananda, Brookfield, Mich.; Jas. W. Vidal, Randolph, N. Y.; Jane A. Walker, Salem, Mich.; Charles G. Wilson, Sturgis, Mich.

NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR.—Report for the month ending June 30th, 1882: Number of prescriptions, 3,883; number of new patients, 760; number of patients resident in the Hospital, 21; average daily attendance, 148; largest daily attendance, 208.

CHAS. DEADY, M. D., *Resident Surgeon*.

We are pleased to acknowledge the receipt of the January, February, March and April (1882) numbers of the Calcutta (India) Journal of Medicine. This monthly is ably edited by Mahendra La'l Sircar, M. D., is well printed, and must of necessity accomplish a vast amount of good in its broad field of labor.

### RECEIVED.

*Ninth Annual Report, relating to the Registry and Return of Births, Marriages and Deaths, in Michigan for the year 1875. By the Superintendent of Vital Statistics. By Authority; Lansing, 1881.*

Tenth Annual Report Relating to the Registry and return of Births, Marriages, and Deaths in Michigan for the year 1876. By the Superintendent of Vital Statistics. By Authority; Lansing, 1881.

"Doctor, What shall I Eat?" A Hand-Book of Diet and Disease, for the Profession and the People. By Charles Gatchell, M.D. Second Edition. Chicago: Duncan Bros., 1882.

# THE MEDICAL COUNSELOR

*"Amicus Plato, aequus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.

Articles for publication, books for review and exchanges must be addressed to H. R. Arndt, No. 63 Monroe street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## EDITORIAL.

The address of President Breyfogle, delivered before the American Institute of Homœopathy, at its Indianapolis meeting, is worthy of a careful reading. As a literary effort it compares favorably with similar productions, and adds to the reputation of a colleague who has long held a prominent position in the profession. The tone of the address is dignified and moderate, and there is in it nothing that compromises those views and opinions which belong to the individuality of the speaker, and which were understood by those who elected him to the presidency of the American Institute.

We sympathize deeply with the pleadings of the address for a greater spirit of liberality in the profession, and for a greater readiness to investigate fearlessly all questions of interest which arise from time to time. Surely, if homœopathy embodies a great truth,—as we all believe it does,—we need not fear the results of close investigation; if increased knowledge exposes a dark spot here and there, an occasional misconception or a false interpretation, it will also show in the bolder relief and in the clearer-cut outlines the noble structure which we all have helped rear. Let us have the fullest investigations, the most thorough work by the most competent men in the various specialties and departments of medicine; let us hesitate at nothing that is necessary to bring out the whole truth; let us not dread the sacrifice of preconceived notions or of pet-theories; let us keep in view only the one great purpose of all legitimate intellectual life: the Truth to be gained. What matters it if the result of *your* toil, if *our* work should prove anything but a verity? The very cheerfulness with which we shall accept the discovery that after all we have blundered sadly, will prove us men worthy of living and capable of doing a man's work in life.

The President's plea for liberality toward our colleagues of other schools of practice we also fully endorse. A strong man, one of culture and accomplishments, by virtue of his accomplishments, eventually becomes liberal without a surrender of selfhood,—and we homœopaths need to be liberal. Can we, without belittling ourselves, forget all the work done by our colleagues of the older school in the various fields of study outside of therapeu-

tics, or overlook the fact that in their ranks are contained men whose ability and zeal grace the century in which we live? Dare we, in justice to ourselves, forget that so far we have labored almost exclusively in one groove, comparatively narrow, and that we have not yet had time to do a creditable amount of original work in pathology and in the collateral sciences? Surely, it is well to remember these facts; fully recognized, they will help us to understand the more clearly our relations to the great body of the profession, our duty to our colleagues of the older school, and will, without lessening the value of our own labors and its results, stimulate us not only to renewed exertions but to a larger liberality as well.

We endorse the President's plea for the use of appropriate auxiliary treatment. How we, as a school, have so often foolishly neglected the wonderful resources of hygiene, in the broadest meaning of the term! "Rest and food will restore the exhausted energies, chemical agents will overcome the effects of certain poisons, and the violent symptoms of an overloaded stomach may be quickest cured by an emetic, yet all these do not disprove the universality of the law of similars, nor does this law teach us to discard other requisite methods of removing the causes and effects of disease." To all of which we heartily assent. But let us be careful in teaching that the law of cure is "universal only in its own department," not to underestimate its scope, and in refusing "to discard other requisite methods of removing the causes and effects of diseases," let us be duly cautious lest we lose the greater blessing in the lesser; for, after all, playing with edged tools often proves a dangerous experiment!

The Bureau of Pharmacy receives its full share of attention at the hands of President Breyfogle; and, by the way, said bureau is doing a most excellent work for the profession, and should be encouraged in every way possible. Of the entire presidential address, however, the chapter devoted to this bureau contains the most objectionable features. We not only endorse all the speaker said concerning "bottle-washings and other absurd vagaries," but thank him, in sincerity of heart, for thus publicly and strongly condemning practices which have only too long disgraced the fair name of homœopathy. But we do not think the speaker exercised great shrewdness when he quotes Hahnemann as authority on *his* side of the house. Surely, Hahnemann's casual remark that "this thing must have an end somewhere," is more than counterbalanced by the unequivocal endorsement which was obtained from him, in the last years of his life, for various practices in the way of attenuating and of potentizing drugs which would not have survived had it not been for the countenance afforded them by the then aged master. No! in our fight against "bottle-washing, and many other similar vagaries," we had better acknowledge at once that Hahnemann's position on these subjects was such that we cannot get from it much comfort and aid.

The most objectionable feature in President Breyfogle's address lies in his implied recommendation to have the American Institute of Homœopathy

define just where rational practice ends and where mysticism begins. It is perfectly safe to assert that "ninety-nine out of every hundred homœopathic practitioners rely upon triturations and dilutions within the range ending at the tenth centesimal," and that the great clinical conquests of homœopathy have been made, and nearly all the favorable legislation has been secured, by them, because in making this assertion the speaker only states what we well know to be true. But the speaker is evidently not aware of the fact that of these "ninety-nine out of every hundred homœopathic practitioners" at least ninety have made use, and do occasionally make use, of attenuations more or less beyond the tenth centesimal, and that they do so because they have had abundant and *conclusive clinical* evidence of the efficacy, under certain conditions, of said attenuations beyond the tenth centesimal. Now, it is a peculiar weakness of human nature to refuse to surrender convictions at the bidding of any man, even though that man be the President of the American Institute of Homœopathy; in fact, we are half inclined to the belief that compliance on the part of the Institute with the advice of President Breyfogle would only serve to make that representative body a laughing-stock in the eyes of the very men who are most bitterly opposed to bottle-washing and to transcendentalism in its various forms. A great majority of physicians who claim to be, *and who are*, low-dilutionists do nevertheless make occasional use of attenuations higher than the tenth decimal. They do so because they have occasionally seen surprisingly prompt effects from the exhibition of the 80th and of the 200th, and in diseases too which are not at all self-limited; these men, if honest, will never consent to a favorable consideration of the proposition of our esteemed colleague. Indeed, there is hardly one low-dilutionist personally known to us who, although bitterly opposed to bottle-washing and similar vagaries, would not resist to the bitter end every attempt to put into practice the recommendations referred to.

And there is an *amusing* feature connected with this very recommendation. What has become of the liberality for which the speaker pleads so eloquently in the first part of his address? Can we not afford to exercise toward our kinsmen and toward the members of our own family that liberality and justice which look so perfectly in place when exercised toward comparative outsiders? Are we to be broadly generous in our intercourse with old-school men, and tyrants and bigoted fanatics in dealing with those who are daily fighting our battle? Alas! it seems so.

The suggestion is not wise, not practical. The American Institute is too sober, too thoughtful, too sensible to ever think seriously for one moment of cutting its own throat. There is but one practical way of dealing with the perplexing question of drug attenuation: let the bureaux of pharmacy and materia medica continue to devote their time to a line of work which will present, in an absolutely impartial manner, both sides of the question; let the entire subject be studied in the same honest manner by all thinking men of our school; let us have all the light that can be obtained; collect facts,

clinical and otherwise, which will tend to settle this matter. Let us but be thoroughly *honest* in our work, and in due time this question, by virtue of such honest work, will be settled fairly and permanently, and to the satisfaction of all men who love truth better than they do notions and petty conceits.

## SURGICAL TOXÆMIA.

BY PROF. J. G. GILCHRIST, M. D., DETROIT, MICH.

(Continued from page 268.)

### VII.

#### TETANUS.

That there is a direct etiological connection between tetanus and septicæmia, none can doubt who have given the subject any attention. It is possible that the connection may be found so close that one is the natural sequence of the other, there being an absence of any controlling external influence; but our present state of knowledge does not warrant us in going beyond the proposition that there are cases of tetanus that are undoubtedly due to septic infection. From my own studies and necessarily limited experience, I am inclined to the opinion, as far as traumatic cases are concerned, that tetanus represents an escape from septicæmia, the initial conditions being alike in both cases. In the present paper, however, this question will only be incidental, enough so to bring it legitimately under the title of our series, but attention will be paid to tetanus apart from such considerations as a subject of direct practical interest to all medical men, whether viewed from a pathological or therapeutic point of view.

In the outset I will call attention to the usual symptoms in a typical case, and the prevailing methods of classification, admitting that the latter is exceedingly arbitrary, and represents not *facts* so much as the state of knowledge of the day. Classification is necessarily dependent upon knowledge of pathological changes and etiological factors; when we remember the extreme difficulty in separating the anatomical lesions observed after death into pre-existing, initial lesions, into secondary conditions caused by the spasms, and into *post mortem* changes, a difficulty that is greater in tetanus than any other morbid condition in the surgi-

cal category, we are prepared to refer the arbitrary character of our classification to causes that are as yet insurmountable.

*Tetanus* is a term derived from the Greek, signifying to "stretch," and represents a condition of tonic spasm of individual muscles, or groups, occurring with or without traumatic history. It is classified with reference to the duration of the paroxysm, or the period of incubation, into acute and chronic; the former running a rapid course, with an incubative stage less than four or five days in duration, and becoming fully developed in forty-eight hours, or less. The chronic form represents cases presenting opposite characters, *i. e.*, long incubation and slow development.

It is also classified with reference to supposed cause, into the *traumatic* form, in which it follows a recognized injury more or less directly, and the *idiopathic*, where there is no history of trauma, arising, as it were, spontaneously. This classification is sometimes varied by speaking of *centric* causes, as when from a supposed visceral irritation, such as intestinal parasites; and *peripheral*, when the irritation is manifestly external, which would include also traumatic cases. There can be no question that the disease may be purely idiopathic, as far as being disassociated from trauma is concerned, as a form peculiar to infants; the *trismus nascentium* is well-known, and is a common and fatal malady in some parts of the world. For our purpose, the symptoms as occurring in the traumatic form will be given, reserving for future reference any points peculiar to the idiopathic.

After the reception of an injury, the time varying from two to twenty, or more, days, the wound will appear dryer than usual, and if suppuration has occurred, there will be a marked diminution in the amount of discharge, and a deterioration in its quality. There is a strange want of unanimity on this point, some writers asserting that the condition occurs about the time when active repair commences; others, during the process of suppuration; and still others, when cicatrization is almost completed. The observations of BARON LARSEY, gained by a remarkably extended military experience, led him to look for tetanus as resulting from a sudden suppression "of the discharge of a suppurating surface," as would occur in the case of soldiers left wounded and uncared for on a field of battle over night, or lying down in the wind when



overheated or exhausted from severe bodily exertion. JOHN HUNTER entertained the same views, and we read that "tetanus arises also from slight wounds, before either suppuration or inflammation comes on;" in other words, from recent injuries. On the other hand TRAMS, an authority of no mean order, asserts most positively that the latter part of the healing process is the most to be feared, inasmuch as "cicatrization is adhesion and the fastening of parts before free and movable on each other, and its effects would be equivalent to their strangulation or confinement by pressure of any kind, the interruption to their formation being the same." A careful comparison of a large number of tables would lead us to the conclusion that both classes of observers are correct, as far as their experiences went, the contradiction being apparent rather than real, the disease having more than a single mode of origin. Thus it may be, as will be shown, a pure neurosis, or a form of septic infection, the circumstances of each case thus very materially affecting the period of the paroxysmal explosion. We may conclude, therefore, with POLAND (revised by JEWELL) in the Amer. Ed. of Holmes (I. p. 507), that it is "found to set in at any period and in any state of the wound, and there are no grounds for assuming that any one condition is more favorable to the production of tetanus than another."

Leaving this point for the present, following the change indicated in the objective characters of the wound, changes which, without reference to the period of healing, are similar to those observed at the commencement of septicæmia, pyæmia, or erysipelas, the patient will complain of either a severe pressing pain, with more or less nausea, in the pre-cordia or under the sternum, with a feeling of deathly faintness, or a stiffness and painfulness of the muscles of the jaw or the nape of the neck. The former, when it occurs, is considered quite diagnostic, but its origin or pathological significance is not understood. When the muscles of the jaw or neck are involved, the difficulty extends to the muscles of deglutition generally, and quickly increases so that the mouth can only be opened by great effort and with much pain, so that any attempt at swallowing, fluid or solid, or even saliva, is impossible. Later, the jaws become quite firmly closed, and cannot be separated by any effort of the will. The muscles are found

to be in a state of extreme tonic contraction, feeling as hard and unyielding as if made of metal. This stage is known as Trismus ("I gnash"), or in popular language as "lock-jaw." In a certain proportion of cases the attack begins and ends with trismus, later symptoms not developing, and recovery ensues. Should this happy conclusion not be attained, the trismus will be succeeded by an extension of the spasmodic irritation to other muscles until the whole body becomes convulsed. The first usually to become affected will be the muscles of the abdomen. They will be as hard and unyielding as boards, so that pressure with the hand or fingers will not cause the slightest yielding; they feel as if solid bone, as rigid as the walls of the cranium. The muscles of the chest next become implicated, afterwards those of the spinal series, and finally the extremities. Whilst the voluntary muscles are chiefly affected, in later stages the involuntary group are also involved, and death result, from contraction of the heart or other vital muscular organs. The spasms are largely, if not entirely, tonic in character, but as the different sets of muscles are unequally irritated, the trunk is often twisted or distorted in different directions. Thus, when the spinal muscles are chiefly affected, which is the prevailing condition, the head is drawn backwards, the spine strongly curved anteriorly, and the lower extremities drawn backwards, so that the body is arched in the form of a bow, often resting on the heels and occiput. This is known as *opisthotonos*, from the Greek ("backwards" and "I stretch"). Again, the lateral muscles of the trunk are affected and the body curved to one or the other side, when it is spoken of as *pleurosthotonos*, also from the Greek ("laterally" and "I stretch"), a rare form. Finally, the trunk may be curved forwards, rolling the body up in a most remarkable manner from contraction of the anterior muscles, a very rare form, known as *emprosthotonos*, from two Greek words signifying "stretching forwards." There is no doubt that the particular group or series of muscles affected will some day be recognized as symptomatic of some spinal pathological lesion, just as they *do* have a certain therapeutic significance. At present we are unable to prognosticate anything in this direction from a consideration of the location or nature of the initial lesion. Whatever may be the form of

contraction, the muscular spasm is always tonic or continuous, although there are well-marked paroxysms simulating clonic spasm. At intervals, sometimes regular and intermittent, at other times regulated or determined by external agencies, there will be a sudden and violent increase of the spasm, at times so severe as to throw the patient off the bed or toss him up into the air.

A peculiar and characteristic symptom is the retention of consciousness and the special senses throughout, from first to last. Indeed, the senses seem to be morbidly acute, and the hyperæsthesia of the surface is extreme. The least sound, a sudden change in the degree of light, the slightest touch, a draft of air, or any disturbing influence, no matter how trivial it might be under other circumstances, will increase the spasms. For this reason the greatest care must be taken to avoid anything that would have a tendency to excite the spasms, as the most favorable cases are those in which there is no clonic interruption to the continuous tonic contraction. The attempt to drink, by exciting spasms of the pharyngeal muscles, causes such an aggravation that there may be difficulty in distinguishing tetanus from hydrophobia. I will give a table of comparisons shortly which will give the differences in a manner that should prevent a mistake in any ordinary case.

The face has a peculiarly aged look, an expression that remains for an indefinite time should recovery ensue, in one case as long as twenty years. During the paroxysm there is also an expression of terror and extreme suffering, which is much increased when the intervals of aggravation occur, the most of which is perfectly apparent to the sufferer, who will cry out as long as articulation is possible, "They are coming on! they are coming on!" The contraction of the buccinators and massiter, together with the temporals, from their position and the direction of their action, draws the face into a peculiar grinning expression, exposing the teeth from the retraction of the lips. This expression, the *risus sardonius*, added to the terrified look and the characteristic aged appearance and evidence of pain, combine to produce a countenance that, once seen, can never be forgotten, and which gives a peculiarly horrible and painful picture to the by-

stander. During the increase of spasms there is often profuse perspiration on the forehead and extremities, which LARREY and most of the observers consider purely symptomatic and of no prognostic value. When perspiration occurs on the chest and abdomen LARREY considered it critical, and as promising a favorable termination. So also the pulse has been considered as presenting valuable indications. In many cases the rapidity of the pulse will increase during the periods of excitement, falling again upon the remission. PARRY says: "If in an adult the pulse by the fourth or fifth day does not reach 100, or perhaps 110, beats in a minute, I believe the patient almost always recovers; if, on the other hand, the pulse on the first day is 120, or more, in a minute, few instances will, I apprehend, be found in which he will not die."

The urinary function varies greatly in different cases; in some the quantity of urine is much diminished, in others increased. Again there is frequent micturition, and at other times retention. So also with the bowels; constipation or diarrhœa are indifferently present, and the conditions are of no prognostic or diagnostic value.

The temperature may be slightly elevated, particularly when clonic conditions come on, but there are no constant and characteristic features in this respect apart from that applicable to all acute affections, viz: that a sudden fall to a point of  $2^{\circ}$  or more below normal, when taken in connection with a feeble, very rapid or irregular pulse, may be considered a pretty certain presage of death.

The picture I have attempted to draw is certainly without any exaggeration, on the contrary is not as appalling as some of our text-books present, and yet I think will fairly represent a typical case of traumatic acute tetanus. The swollen and congested face, the red suffused eyes, and the constant moaning and groaning of the unhappy sufferer with the objective symptoms already detailed, certainly combine to make up a scene of suffering that appeals strongly to the sympathies of the most callous observer, and prompt the most indifferent to exertion to give relief. This appeal for aid is not always made in vain to those who have a

knowledge of the application of the principles of healing we possess, as will be shown later.

Let me give a comparative table of tetanus and hydrophobia, as two conditions very similar in some essential particulars, and perhaps after all identical :

TETANUS.	HYDROPHOBIA.
<p>Spasms of muscles more continued ; less remitting and never intermitting ; constant rigidity of the muscles of the jaws, becoming gradually fixed and closed ; tonic spasm.</p>	<p>Spasms of muscles of brief duration ; if not voluntary, at least temporary, and will cease to exist during intervals of rest and quietude, the jaw being relaxed and opening and shutting regularly. The spasms are clonic.</p>
<p>The cause is exposure to cold or wound, rarely from the bite of an animal, and it generally occurs soon after the injury.</p>	<p>Cause: the bite of a rabid animal, and it rarely appears before the thirtieth day.</p>
<p>The bite of a tetanic animal does not produce tetanus.</p>	<p>The bite of a hydrophobic animal must have communicated the disease when it exists.</p>
<p>Countenance tetanic; drawing-up of the nose; wrinkling of the forehead; angles of the mouth drawn towards the cheek-bones, presenting a frightful risus sardonicus; there is an expression of pain, but the eyes are natural.</p>	<p>Countenance hydrophobic: an expression of excitement, fearful distress, and peculiar restlessness never to be forgotten; occasionally frightfully convulsed; eyes bright and glistening, but at times suffused.</p>
<p>No great thirst, and in general no great aversion to fluids administered in small quantities: rarely any discharge of saliva.</p>	<p>Thirst and aversion to fluids characteristic; even the sight or noise of fluids induces paroxysms, with frequent and viscid discharges of saliva; efforts to disengage it induce barking and vomiting.</p>
<p>Vomiting and gastric pains rare.</p>	<p>Vomiting and gastric pains general.</p>
<p>Mind generally clear to the last.</p>	<p>Mind subject to rabid impulses and numberless deviations, passing to delirium.</p>
<p>Recovery in idiopathic forms (?)</p>	<p>No authentic case of recovery (?) Intolerant sensibility of surface and organs of sense.</p>

The above is taken from HOLMES' *System of Surgery*, (I. 569), and may be said to be a fair comparison of the two conditions, but our records would controvert the statements as to recovery in both columns. I think our experience has been that traumatic cases have recovered equally with the idiopathic, as to tetanus, and there are some cases of reported hydrophobia on record that

have been cured; but we are not at present concerned in that inquiry.

The duration of a case of tetanus, considering it essentially fatal, from the first symptom of trismus to death, is all the way from two to fourteen days; the average time, according to many observers, being about four days. Much will depend upon the length of the stage of incubation and the rapidity with which the symptoms develop. The tables accessible are not conclusive in this particular, as the reception of the wound seems to be the date from which the incubation is reckoned. Considering the wounds as simply an accidental factor, without which perhaps the tetanus would not occur, but which will not inevitably lead to tetanus, the records are unsatisfactory.

#### USE AND DANGERS OF IODOFORM.

Mikuliez (*Wiener Med. Wochenschrift*, 1881, No. 23) gives the results of the use of iodoform in Billroth's wards. He claims that it is in antiseptic qualities equal to carbolic acid, is more easily used, and less apt to cause constitutional disturbance by absorption. Symptoms of poisoning are, however, seen in rare cases, and in the *Deutsche Med. Woch.*, 1881, No. 34, A. Henry describes two fatal cases. The symptoms are of the narcotico-irritant type.

In open wounds the iodoform is sprinkled on the surface and covered with lint and gutta-percha tissue, fixed by a bandage. The results have been very satisfactory; the dressings require changing but seldom, discharge is slight, decomposition never occurs, and there is rapid formation of healthy granulations. In incised wounds healing is even more certain than with carbolic acid, and there is much less fear of absorption causing constitutional disturbance.

Wounds implicating mucous surfaces, as of the mouth or rectum, are usually very difficult to treat antiseptically. In such cases iodoform, applied on gauze compresses, has been found to completely prevent offensive smell, and to cause no discomforts to the patients.

In a case of removal of an abdominal tumor, iodoform was

sprinkled into the cavity, and the wound closed at once. The patient recovered without a bad symptom.

In septic gangrenous or sloughing wounds the results were especially satisfactory. Sprinkling with iodoform removed all smell in from four to six hours, and the wounds healed rapidly and without discharge, even in some cases where severe constitutional symptoms had already appeared.

In strumous diseases iodoform is said to give such brilliant results as almost to entitle it to the rank of a specific. (See also V. Mosetig-Moorhof in *Wien. Med. Woch.*, 1881, No. 18.) Fungating ulcers, with spreading undermined edges and offensive discharge, healed rapidly and completely under a thick layer of iodoform.

In lupus also its effects are gratifying. Richl (*Wien. Med. Woch.*, 1881, No. 19) gives the results of twenty cases in Kaposi's clinique. The epidermis, when necessary, having been removed by the application of 5 to 10 per cent. solution of caustic potash, the iodoform is laid on in a layer several millimetres thick, and fixed as above described. On removal of the dressings in from three to eight days the disease is found completely removed, redness and swelling gone, and the sore skinned over.

In deep wounds, when the powder would be difficult to apply, Mikulicz recommends pencils composed of one part of iodoform to two of cacao butter, and for injection a 20 per cent. ethereal solution. The smell of the drug can be overcome by adding 1 *m* bergamot to 10 gr. of the iodoform, or moistening with an ethereal or alcoholic extract of Tonquin bean. Local irritation can be effectually prevented by previously oiling the sound skin near where the iodoform is to be applied.—*Glasgow Med. Journal*, January, 1882.

The value of iodoform as an external application in venereal and syphilitic affection has led Dr. Thomann, of Graz, to test its value in subcutaneous injection. He employed a dilution of six parts of iodoform to twenty of glycerine, and also a solution in almond oil. He commenced with doses of .3 gramme, gradually increasing the quantity to .75 gramme. In cases of early constitutional syphilis the symptoms rapidly subsided after ten or twelve injections in various parts of the body. No local suppura-

tion was produced. A little pain was sometimes caused, which soon passed away. Rather more reaction followed the solution in oil, especially if the latter was not freshly prepared. An excretion of iodine by the urine could be demonstrated in the first two days after the injection, but no odor of iodoform could be perceived either in the expired air, perspiration, or urine. The general health was not disturbed, and the dose employed had no narcotic action, and no effect upon the temperature or pulse. Since iodoform is coming into increased use, it is well that the occasional occurrence of unpleasant symptoms from its employment should be known. Oberlander, some years ago, described a case in which a woman had taken forty-two grammes of iodoform in eighty days, and then had a sudden attack of giddiness, weakness in the legs, and double vision, followed by a period of excitement, interrupted by broken sleep, with headache, sensations of impending death, constant convulsive movements, and irregular respiration. After improvement, the resumption of the iodoform was at once followed by a relapse.—*Eclectic Med. Journal*, August, 1882.

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### THE CLINIQUE.

#### CASES OF DIARRHŒA TREATED BY THE "OLD MASTERS."

(Continued from page 274.)

*Bryonia*.—*Bryonia* is very often called for during the heat of summer, especially when diarrhœa is brought on by indulging in cold drinks, or by taking cold in general, or when it is the result of eating too much fruit, or of eating too freely, especially when it comes on immediately after eating; furthermore, when it comes from eating sourkraut, when it arises from a fit of anger, and when chamomilla has proved useless.—*Hering*.

In diarrhœa from taking cold, with almost involuntary, quick evacuations, of nauseating odor, brown, very thin, as in nursing infants, with colic or rumbling in the bowels.—*Hartman*.

One drop of *Bryonia* 5 cured promptly that kind of diarrhœa after taking cold, when the patient, every time after taking food or drink, was taken with pinching and cutting pains in the bowels, followed immediately by stool frequently containing undi-



gested food, and accompanied by violent thirst.—*Practical Communications.*

Diarrhœa, accompanied with shiverings, great heat, lassitude, sleepiness, dryness of the mouth, thirst, pinching and contractive pains in the bowels, with preceding weakness and sickness at the stomach, was cured by bryonia.—*Schelling.*

*Calcareæ acet.*—*Calcar. acet.* was the remedy in those acute, dangerous diarrhœas of children that are described as softening of the stomach and intestines. The passages, more or less copious and frequent, consist of watery, slimy, now greenish, then grayish liquid evacuations, the "rotten" odor of which communicates itself to the linen and poisons the very air. With it, we have fever; burning of the hands and of the soles of the feet; violent thirst; poor appetite; rapid emaciation, especially of the face, with old, wrinkled countenance; whining; crying; pale, dry, parched skin; no turgescence; the lower abdomen is usually tender and bloated; occasional vomiting; pale, scanty urine; stupid or very light sleep with eyes half-open and turned upward.—*Knorre.*

*China.*—China is indicated not only in the diarrhœa of enfeebled persons, but also in all cases when there is a copious discharge of a brownish, watery substance with violent pains, especially cramp-like, as from pressure or constriction, at times accompanied with burning pains in the arms, with much weakness in the lower bowels, rumbling of flatulence, eructations. Very often, when one suddenly awakens in the night with these pains, after taking cold, the remedy relieves at once, even before diarrhœa develops.—*Hering.*

*Dulcamara.*—*Dulcamara* is very apt to cure diarrhœa, especially summer diarrhœa, which is slimy, green or yellow, smells sour, colic preceding the stool, which is followed by weariness and by relief from pain, and appears most frequently in the evening.—*Hartmann.*

Cases: A girl, aged 20 years, thin in flesh, yet strong, took cold, and in consequence of it has had diarrhœa for over a month. Symptoms: Violent cutting pain in the bowels, especially about the umbilicus, then nausea, cold sweat, watery stool, and at times simultaneous vomiting. Last night, the passages from the

bowels occurred constantly, nausea did not cease, and there was continuous belching of wind, and tormenting thirst; biting in the rectum as from salt; evacuations were often green, like bile. Dulcamara 1000 cured her in 24 hours.—*Gross.*

A boy, aged 12 years, puny, predisposed to diarrhœa, badly developed, poorly fed, pale, suffered as follows: He lies in bed, his cheeks are slightly flushed, sleeps nearly all the time, aversion to nourishment; in twenty-four hours has from 15 to 20 evacuations, painless, thin, yellowish, greenish, watery, with some admixture of mucus; at times stools are involuntary; bowels bloated, but soft and not tender; urine turbid, with white, dirty sediment; does not talk; does not eat; at night uneasy tumbling about, with groaning. Extreme emaciation. Has been under routine treatment for several weeks. Rcp.: Extr. Dulcam., one grain dissolved in one oz. of water; 90 drops of the solution every two hours. The evacuations soon became less frequent, disappeared entirely on the third day, he commenced to perspire, appetite showed itself, and he made a good recovery.—*Schindler.*

*Ipecacuanha.*—In many diarrhœas which arise from mental excitement or from taking cold, are painless and consist in the evacuation of fermented, whitish, or slimy excreta, ipecacuanha is a splendid remedy. In children also, in the diarrhœa of teething, ipecac, in the second or third trituration, frequently repeated, does excellent service when there is no pain or restlessness, with bad, whitish, or greenish color of the stools, which threaten to become serious chiefly on account of their persistence. (*Lobeth.*) During an epidemic of diarrhœa, in September, 1840, dysenteric symptoms prevailed, which were relieved by mercurius; this remedy, however, did not seem to produce permanent results, and the dysenteric attacks would not quite cease unless ipecacuanha was administered. The evacuations consisted of bloody mucus or of clear blood. In some cases, ipecacuanha alone cured in two days.—*Schelling.*

*Kreasotum.*—Case: A boy, aged 2½ years, delicate, weakly, irritable, stubborn, has been treated allopathically, and unsuccessfully, for the last nine months. Symptoms: Every day several watery or very thin, darkbrown stools, of terribly foul odor (like carrion), containing undigested food; at the same time much

flatulency, bloating of the lower abdomen, which is as tense as a drum, but not hard, and quite painless; thirst is often violent, appetite fair, utter horror of meat, which makes him choke and retch, great pallor of the surface, emaciation, utter absence of fever. Sulphur, calcarea, arsenic, china, phosphorus, did no good. Kreasotum 30, one dose every four days, cured him. Even after the first dose the terrible fetor grew less, and the evacuations became of a better consistency.—*Kurz*.

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### CAN BAPTISEA CUT SHORT TRUE TYPHOID FEVER? WHY NOT?

BY S. A. NEWHALL, M. D., NEWTON, KAN.

I have been both interested and surprised in reading the articles in the COUNSELOR of May 3 and 31, 1882, under the title above, "Can Baptisea Cut Short True Typhoid Fever?" and I ask, why not?

I have been interested because, like Dr. Brown, I have treated cases where the diagnosis could not be wrong, and I have cut short, or aborted, the typhoid process of inflammation, *tending to ulceration* (I emphasize these words, *tending to ulceration*, because they contain the solution to the whole difficulty) in the first and second week; I have also conducted to a safe termination cases where the fever continued through the third and fourth weeks, using means to keep down the temperature of the inflamed ileum, giving baptisea in from one to four and five drop doses, in water, every two to three hours.

But what surprises me is, that these two writers, as well as the authors they quote, base the correctness of the diagnosis upon the characteristic rise and fall of the temperature, allowing this feature of the case, important as it unquestionably is *in its true place, and considered in its true light*, to override all other features and symptoms, in making the diagnosis of the case in hand.

When we remember that every person affected with typhoid fever is an individual distinct from all others, that the surroundings are different in every case, and that the efforts which, in many cases, have been used to restore health, have a tendency to prevent, or disarrange, this typical rise and fall of temperature, I think it would be very surprising if in many cases it were not

thrown out of its regular order or prevented from ever reaching the point claimed as the diagnostic degree; and even in cases which have not been interfered with, the true typhoid condition is unmistakable, and yet it sets aside all our most cherished and petted theories.

Therefore, for anyone, however learned, to say that a case was not typhoid because it varied from a fixed rule, would be as senseless as to say that a horse which is a natural trotter, because he may take a notion to pace, or gallop, or run, under some exciting influence, is not a horse, but a mule or a jackass. Let us therefore look at the pathological condition, and particularly at the intestinal lesion, in every case of "enteric," or true typhoid fever.

I believe that all authorities agree that there is congestion, inflammation, enlargement, softening, and ulceration, of Peyer's patches, and of the solitary glands of the lower portion of the ileum, coming on in the order named, and that this process may extend to the cœcum, and in a small proportion of cases up some distance in the ascending colon, in the solitary glands, as also well up in the ileum.

Now every close observer must have noticed that there is a great deal of variation in the time in which different cases attain to the temperature of  $104^{\circ}$ , in the axilla, depending upon the stage and amount of inflammation, and upon the acuteness, or rapidity, or the insidious slowness of the attack in a given case, while in all of these cases there may be, and, in my experience, often are, present all pathognomonic symptoms of *enteric*, or true typhoid, fever, as tenderness in the lower ileum, tympanitis, gurgling in the right iliac fossa, the characteristic typhoid tongue, fetid breath, pain in head, stupor, delirium, pulse large, full, but easily compressed, and rather sluggish, alvine discharges, all making up a case of true typhoid, and yet in some cases  $104^{\circ}$  is attained on the second or third day, and under baptisea, with ars. 5x or 7x has fallen promptly to the normal standard, followed by rapid recovery.

Now I claim that bapt. cures; that is: cuts short, the typhoid condition and tendency, because I have repeatedly tried bry. ars. and rhus. tox., obtaining from their exhibition some improvement,

without, however, cutting short the duration of the disease; but when bapt. was used in a sufficient dose to antidote the typhoid poison in the blood, before the stage of ulceration was reached, there was a prompt arrest of the typhoid inflammatory process and a prompt recovery, according to the stage of intestinal lesion during which the remedy was first given.

Then why give the ars. or any other remedy? Because, while bapt. antidotes and arrests the action of the typhoid poison, aiding the liver to eliminate it from the blood, arsenic and bryonia, or rhus tox., will remove the effect the poison has produced, aid nature in the process of repair, and greatly hasten recovery.

I believe from actual experience that baptisea, alone, will cure every uncomplicated case of typhoid fever, and effect the complete recovery of the patient, provided the *vital force* is not so impaired as to need the aid of other remedies in order to restore the diseased and weakened organism to health and strength.

I believe baptisea is able to destroy the typhoid fever, but has not the restorative power which the other remedies have.

Then why not stop the baptisea, and take up the other remedy singly? I answer, because in my experience, the baptisea is needed until the typhoid poison is eliminated entirely from the system, and I withdraw it gradually, and carefully, as soon as the case will admit of it. Now, while these rules of physical diagnosis are in the main correct, and give us a vast amount of important and indispensable information, there are very many influences, climatic, prophylactic, hygienic, and therapeutic, which may set any or all of them aside as fixed rules or axioms; and the man who, especially in complications, drops the specific antidote to the unmistakable typhoid poison, and treats the complication alone, makes a sad, and in many cases a fatal, mistake.

Authorities differ as to the character of this typhoid poison. Dunglison's Medical Dictionary calls it "Typhous Deposit, a peculiar substance of new formation found in the areolar membrane, between the mucous and muscular coats of the patches of Peyer in typhoid fever."

John Harley, M. D., of London, F. L. S., says (Reynold's System of Medicine, vol. I., page 212), "That the inflammatory products are found *around* the closed follicles of the diseased glands,

and not in their interior." On page 214 of same work he says: "Rokitansky speaks of the deposition of a *typhous product* in the inflamed glands," but goes on to remark, "The swelling, according to my observation, is due to the rapid growth of the corpuscles forming the parenchyma of the glands."

Panelli says of this poison, or, "*contagious principle, or virus*, though it eludes all the researches which have been made, its existence may be maintained as a positive fact," (Panelli's Typhoid Fever, page 59). It is known that it tends to produce a putrid decomposition of the blood, hence the homœopathicity of baptisea in the subjective as well as in the objective symptoms; and to be brief, I maintain that baptisea cuts short true typhoid fever, because it is *homœopathic to the pathological symptoms and condition, as well as to the subjective symptoms*.

If we have a case of low typhoid, with abdominal tenderness, and pain from pressure in the ileo-cæcal region, with yellowish white coating on tongue, becoming, later, darker and brownish, with very fetid, putrid breath, and full, heavy, sluggish, easily compressed pulse, the baptisea must be given in doses of one to two drops every two to three hours to children up to 8 or 10 years old, and increasing, in proportion to age, to five drops to adults. I give bry. 3x or rhus tox 3x, as the bowels are constipated or relaxed; and arsenicum 5x or 7x, alternating the three every half hour, five to ten drops of the bry., rhus, or arsenicum, in half a glass of water (about twenty teaspoonfuls), and twenty to eighty drops of bapt. in the same amount of water, giving one to two teaspoonfuls at a dose, according to age and strength of the patient, and severity of the fever, and the (putrid) typhoid tendency.

Using a cold compress on lower abdomen, frequent sponging of hands, feet, and limbs, and if necessary, on the whole body, to keep down the temperature and to prevent ulceration of the glands of the ileum, and giving one to two grains of salicylate of soda, at or near six, eight, and ten o'clock, night and morning, to prevent fermentative changes in the blood. With this course of treatment I have lost but two cases in one hundred in nearly three years.

Now the question will be asked, why this auxilliary treatment, if

baptisea cuts short true typhoid fever? I answer that in the low cases there is such a deadly and destructive amount of *typhoid poison* (whatever that may be) in the system that a sufficient amount of baptisea to neutralize it, unaided, would so overload the circulation with the debris, as to dam up, and stop the circulation; and the whole organism is so semi-paralyzed, stupefied, and deadened, and rapidly tending to putrefaction, that all of these aids are necessary to preserve the vitality of the tissues, and sustain the vital force throughout the system, while the baptisea, as an antidote to the poison, so neutralizes it, as to prevent its increase to a deadly extent.

While this explanation may not satisfy "clear prescribers," it is the only one I can give, and as for three years and more I have carefully watched my patients at the bedside, taking and recording the temperature, morning and evening, with the results above stated, I am satisfied with my position, at least until shown a better way.

In a very large proportion of cases I succeed in cutting short the fever by preventing ulceration. The cases that continue through three, four, six, or eight weeks, are those in which open ulceration has taken place; in the very nature of the condition, such cases make a slow recovery.

I allow the bowels to remain perfectly quiet, unless moved spontaneously; have had them continue so for eleven, and fourteen, days, with steady, constant improvement all the time.

I find the best diet to be BEEF TEA, MILK, *fresh butter milk*, gruels, of oat meal, or graham, or corn meal, if there is constipation, or wheat bran all strained, so as to avoid anything being taken that leaves a residue to pass through the bowels, until all ulceration and all tenderness in the ileum and colon has disappeared. I allow these liquid preparations to be flavored with any pure jellies, as grape, apple, currant, or strawberry, if desired. I allow no stimulant of any kind except *good coffee*, in low cases.

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NOTE BY THE EDITOR.—We are not in the habit of commenting upon contributions published, and only add a few words to Dr. Newhall's article because the importance of the subject justifies and, we think, demands such a course. It cannot be denied that

in baptisea we have a most valuable and very frequently indicated remedy in the treatment of typhoid fever; the value of the remedy is based upon the fact that baptisea has the peculiar power to produce upon the healthy a condition which, in its essential features, finds its analogue in typhoid fever, and to cause, when taken by provers, the appearance of a set of symptoms which closely resembles the symptoms from which persons sick with typhoid fever are apt to suffer. So often do we meet with symptoms in typhoid fever which resemble baptisea-symptoms, that we are quite apt to think of the remedy as *probably* called for whenever we see, hear of, or think of, a case of typhoid fever. Nevertheless, the frequency with which the remedy is used, and correctly used, in the treatment of typhoid fever, does not by any means prove its being a specific for typhoid fever. In fact, the very possibility of a specific, in its true sense, is utterly opposed not only to intelligent homœopathy, but to the drift of medical science generally. The dominant school of practice is now doing its best work where it is represented by men who have in part realized the folly of hunting for specifics. Baptisea, in its pathogenesis, does bear a *very* close resemblance to that pathological condition which we call typhoid fever; hence it is often indicated; but baptisea is by no means a specific for typhoid fever because frequently the symptoms of a patient sick with typhoid fever do not only *not* call for baptisea, but point, with unmistakable clearness, to some other remedy; in such cases the use of baptisea would be a mere waste of time.

“Baptisea is best indicated in that type of fever which is characterized by an extreme depression of vitality; in that stage where the system is just ready to yield to the poison which has tainted the very fountain of life, causing extreme fetor and absolute foulness of the excretions, a low continuous fever, dry parched mouth, sluggish or even thread-like pulse, stupid expression of the countenance; bluish and at times half-rotten, gums, with sordes on the teeth, an utter carelessness concerning the issue of the disease, and, often, muttering delirium. \* \* \* \* Says Dr. Hughes: ‘The result of my own experience in its use has been, that in the great majority of cases it cuts short the fever in its first stage, freeing the patient from all the dangers of the second. I have



never yet been disappointed in it, and its curative action is often exceedingly rapid.' That Dr. Hughes in his views does not stand alone among English physicians, is shown by the fact that in a discussion which followed the reading of the paper the most exaggerated statements were made as to the remarkable cures performed by baptisea during the early stage of the fever, 'cutting it short,' to use the language of Dr. Dunn, 'almost with the rapidity of lightning.'

"I would caution you against such blind enthusiasm. I do not doubt that baptisea has often cut short attacks of typhoid fever; but it could do so only *because it was homœopathic to that particular and individual case*. I care little what the stage of a disease may be, baptisea will act curatively if the symptoms indicate it; *and under no other consideration*. If baptisea shortens the course of typhoid fever, it can do so only when the drug force is homœopathic to the morbid fever which produces the disease and its symptoms. \* \* \* Let us banish the hope of curing upon *general principles*, and realize at once that our success as physicians depends upon our power to individualize." (*Hempel and Arndt's Mat. Med. and Therapeutics, vol. I. ; article on Baptisea.*)

The above lines were written several years ago; since then, we have had occasion to give to the same subject careful study, and we have found no reason why we should modify language then used.

One thing more: We believe in auxiliary treatment, and *especially in curing our patients*; we would not let a patient's life be sacrificed in order to save the reputation of one school, or of *all* schools, of medical practice; we can imagine conditions under which there may exist a strong temptation to alternate remedies. But we cannot understand why the recovery of a patient who has had baptisea, rhus, and arsenic in alternation, and a dose of salicylate of soda every night,—why the recovery of such a patient, or of one thousand of such patients, can be brought forward as a proof that baptisea is homœopathic to *every case of* typhoid fever. Is our colleague sure that it was not the arsenic that cured his patients? or the bryonia? or the rhus? or the salicylate of soda? And what of the use of the salicylate of soda in these cases? Is the reason assigned quite "scientific?"

We beg leave to assure our contributor that these comments would not have been written did we not realize that he has excellent standing as a practitioner, and had not his article interested us very much.

### THE VACCINATION QUESTION.

The New York Board of Health inaugurated house-to-house visitation in 1869, with a corps of sixty physicians. Their system has been in constant operation ever since, and they have taken great pains to vaccinate every infant and unprotected person; and yet, during the year ending March 20, 1872, there were 337 cases of variola in children under five years of age, and 113 of these exhibited indications of previous vaccination.

Through the kindness of Dr. J. B. Taylor, of the New York Health Department, I am able to add the following statistics for the year 1881: During the year there were 1,342 cases of small-pox in New York City; of these, 799, or 59.5 per cent., had been vaccinated, while 543, or 40.5 per cent., had not. There were 404 deaths, 137, or 33.9 per cent., had been vaccinated, and 267, or 66.1 per cent., were unvaccinated. There were in all 490 children under fourteen years of age. Between eight and fourteen years there were 79; and under eight there were 411, or nearly 84 per cent. of the whole number of children. Only 18 of the 411 had been vaccinated, while 393 had not. Among those whose ages ranged between eight and fourteen, 48 had been vaccinated, and 31 had not.

These 424 cases of unvaccinated children who contracted small-pox in New York City last year, illustrated the failure and danger of the persuasive system of vaccination; just as the 66 cases which occurred in vaccinated children show certain other defects which will appear further on. It should be added in this connection, that none of the vaccinated children died.

Among the whole number of vaccinations performed during the year there were 148 complaints of bad results following the use of the bovine lymph. Of these, 38 gave trouble in healing, and there were 19 abscesses.

Disappointed in the fact that vaccination had failed to prevent recurrences of epidemic small-pox, and fearful lest other diseases

than vaccinia might be communicated by humanized lymph, certain members of the profession many years ago began to advocate the adoption of retrovaccination, and of bovine cultivation of lymph. At the Medical Congress held at Lyons in 1865, Palasciano, of Naples, announced that he had for some time been vaccinating with bovine stock which he propagated from calf to calf. Lanoix, of Paris, was much impressed by his statements, and went to Italy to study this calf culture of lymph. Upon his return to Paris he took a vaccinated calf with him and opened an establishment. About the same time a spontaneous case of cowpox was discovered at Beaugency, near Orleans. Within a period of fifteen months 9,819 vaccinations and revaccinations were performed with Lanoix's stock. Of the former about 50 per cent., and of the latter sixteen to seventeen per cent., were successful. The incubation stage varied (in children) from five to twelve days.

These results were carefully watched by the two factions in Paris, one headed by Depaul, the ardent champion of bovine lymph, and the other by Guerin, who adhered with equal fervency to the old stock of humanized Jennerian lymph. Bitter and noisy was the wordy contest in the Academy of Medicine between these opposing parties. Depaul and his ideas finally carried the day, and bovine virus gradually came into general and almost universal use, not only in France but throughout the civilized world.

Notwithstanding the claims of the propagators of and dealers in bovine lymph to the contrary, I believe that no better results can be shown to have followed its use in this country than those obtained by M. Husson with Lanoix's lymph, in Paris, as quoted above.

It is not denied by any of the advocates of bovine stock that a certain proportion of the vesicles yield inert lymph.

Moreover, the character and development even of a genuine bovine vesicle, duly charged with corpuscles, is quite different from one produced by humanized lymph, during its whole course. Ignoring for the present the increased amount of local disturbance usually manifested by the former, the annular elevation of the lymph-cells is less, the cells are more likely to be broken, and the

bovine crust is lighter in color, thinner, and more friable. A good humanized crust is of a rich brown color; semi-translucent when held up to the light; and its thickness, according to Dr. Loines, should be nearly one-third of its diameter.

If we compare the reliability of the two kinds of lymph, as indicated by the ratio of success attending the first trial, still greater differences will be found. From 1856 to 1866, in London, about seventy per centum of all infants were vaccinated, and of these 98.9 per cent were successful on first trial. Dr. Seaton reported that 446 points of Jennerian virus were obtained from the National Vaccine Institution and were distributed to five different vaccination stations. Of these 448 produced typical and perfect vesicles. The best results of the vaccination corps of the city of New York, in 1869 and 1870, was about ninety-eight per cent. of success on first trial. In Philadelphia, in 1869, 41,444 were vaccinated by public vaccinators, with a failure of only 1.25 per cent. on first trial.

In Brooklyn, during the years 1870 and 1871, some of the most experienced of the corps had only one failure in every 243 vaccinations.

There has been much talk during several years past in certain quarters about "pure animal virus;" and it is a significant fact that every one of the thirteen propagators in this country claims that he alone has it. As a matter of fact, I believe that there is not more than one among them all whose stock has continuously descended from calf to calf without admixture with some other stock; or that has not been more or less times cultivated in the human circulation since it was derived from its natural source. One of these dealers procured his stock from a case of spontaneous cow-pox, discovered in New York State in 1874, and he claims that he has himself cultivated it in the calf ever since.

Viewed in the light shed upon contagious diseases by the "germ theory," and especially by the light which Pasteur's experiments have thrown upon the cultivation of disease-germs; we are at last in a position where we can formulate some scientific deductions. For instance, we would be justified in assuming, if we did not know, that the use of lymph direct from the natural source would be likely to be followed by more severe constitutional as well as

local effects, than subsequent repetitions would produce. We are also justified in assuming that, as the "varioli bioplasm" has undergone no diminution of virulency by long transmission through successive generations of men; and as the "bacillus" can be indefinitely cultivated without any deterioration of protective power, so it is reasonable to suppose that the "vaccinad" will maintain its integrity and activity, if properly cultivated, even through indefinite generations of humanization.

Nor is it difficult to believe that its productive power did continue for a period of seventy years, when we review the evidence which recorded observation has placed within our reach.

The report of the London Metropolitan Hospital, for 1879, stated that no case of small-pox had ever been observed by any of the superintendents of that hospital in any person "who had been efficiently vaccinated and successfully revaccinated." Moreover, there were but six cases in forty years out of over one thousand nurses and servants employed in the institution who had been affected in any way, and every one of these had in one way or another escaped revaccination before entering the wards. These persons had been vaccinated with lymph, many times removed from the original source, and it is evident that its protective power was unabated. Curschmann examined over one thousand cases of small-pox, and not one of them presented evidence of efficient vaccination. Dr. Loines, of the Eastern Dispensary, in New York City, performed 110,000 primary vaccinations in seventeen years. About 20,000 of these were opened and furnished over 400,000 quills. His revaccinations amounted to something over 90,000 quills, and he never knew of a case of small-pox in any person he had pronounced well vaccinated. He made four insertions in a group, and inspected the arms on the eighth day (day week), and after the fourth week he examined the cicatrices. If satisfied, he gave the parents of the child a certificate. Dr. Ward, of London, was a vaccinator for more than forty years, and vaccinated about 48,000 people. None of these cases were known to have died of small-pox, although 8,000 were revaccinated. For nearly forty years vaccination has been compulsory in the armies of Prussia, Wuertenberg, Denmark, and Sweden, with the result of almost completely extinguishing small-pox even in sporadic

form from their ranks. With such evidence before us it is useless to claim that the Jennerian lymph, used in these cases at least, had suffered any kind of deterioration whatever, notwithstanding the probability that some of it was more than three thousand removes from the original bovine source.

There is no good evidence that this Jennerian stock had lost any of its inherent potential energy through all those years; and even if there were, I submit that the stock might have been renewed from the natural source from time to time, without changing the method of cultivation. In my opinion the substitution of this untried (bovine) method for an old and well proven one was both unwise and unscientific; and I further maintain that events have demonstrated the fact.

The claims of the "syphilophobists," too, have proven to be equally unfounded. There is no good evidence that syphilis or any kindred disease was ever communicated in lymph, nor even that vaccinia and syphilis have been communicated at the same time. Experiments made with chancrous matter and lymph mixed together utterly failed to produce a combined action. Either vaccinia or syphilis resulted, one or the other and nothing else. Professor Sigmund, of Vienna, got nothing but syphilis in his experiments. In Dr. Loine's experience, large as it was, he never saw syphilis communicated by vaccination. Nor did Marson in his 40,000 cases, nor Luce in 40,000, nor West in 26,000, nor Sir William Jenner in 18,000 cases; and none of them believed that there is any real danger of communicating syphilis by vaccination.

What, then, I ask, are the special advantages of bovine cultivation, and the use of "pure animal virus?" I know of but one. In times when small-pox is epidemic, large quantities of lymph can be furnished at short notice. On the other hand, let us consider some of the disadvantages attending its use.

*First.*—Bovine lymph often fails on first trial, even in the hands of the best vaccinators.

*Second.*—It is irregular and generally tardy in its period of incubation.

*Third.*—It is often extremely difficult to tell from an inspection of the vesicle whether it is genuine (efficient) or not.

*Fourth.*—The local effects are, as a rule, severe; so severe in fact that he would be bold indeed who made four insertions in a young infant (as Loines habitually did).

*Fifth.*—Owing to the depth of its action, and the slough which so often follows its use, even the cicatrix does not afford definite information; as it does not under these circumstances show characteristic foveations. It is a mistake to suppose, as many do, that the extensive induration and redness which is often seen around the (bovine) vesicle is any measure or indication of its efficiency. On the contrary, it is a positive evil, being simply a mild septic inflammation of the skin and subcutaneous tissues produced by degenerated “bioplasts,” pus-cells, or other improper material which has been conveyed with the lymph.

*Sixth.*—The small lymph capacity of the bovine vesicle is notorious. Twenty quills is a good yield, while as many as eighteen hundred have been taken from a single humanized vesicle. If the vesicle in vaccinia is the analogue of the eruption in the various contagious diseases (and experiments made with lymph administered internally would seem to indicate that it is), this deficiency in development would point to a corresponding loss of protective power.

*Seventh.*—It is a reasonable deduction that, inasmuch as the “variolic bioplast” is in some way modified by one cultivation in the circulation of the cow, every successive bovine transmission may modify it still more; and that in time its protective power may be lost entirely. Whether this conclusion be true or not, there is no good ground for the idea that long descent is any better for bovine than for humanized lymph; and the ordinary advantages which attend the use of the latter, as compared with the former, are certainly beyond dispute. It is my belief that the lymph in use at the present time, and that has been used for several years past, has less inherent protective energy than the old stock had, and that a careful scrutiny of statistics will satisfy any unprejudiced mind that many young children, with fair evidence of successful primary vaccination, have in recent years had small-pox and died from its effects simply in consequence of the depreciation of the lymph that has been in general use.—*From a paper on the Vaccination Question by P. C. Barker, M. D., Med. Record, July 15, 1882.*

## CORRESPONDENCE.

## A PLEA FOR A TRUE PATHOLOGY.

EDITOR COUNSELOR.—I notice in your last number, July 15th, that once more the profession has been *lectured* for its neglect of pathology, the study of it and the practice of it. In Dr. Laird's lecture we are treated to that old story that has already been repeated ad nauseam, wherein the members of our school of therapeutics are told that we are in every particular far inferior to the old as diagnosticians and pathologists, and the charges are rung on our short-comings in etiology, semeiology, and differential diagnosis as compared with our "regular" neighbors, and this at this late period in the history of our progress; just as though the learned gentlemen who fill the chairs of our numerous colleges would permit their students to graduate, and to carry away the certified evidence, over their own signatures, of their *entire* fitness to meet *all* the requirements that are predicated thereon, and especially those which, quoting from Dunham, he says, "really comprehend all that we now comprise under the head of etiology, semeiology, and hygienic management." It would be invidious to mention the names of those who would thus, both now and in the past, come under this condemnation; they comprise men well-known in the profession, and to the public—known as men of erudition and of large experience, and many of them as men *whose successes in healing the sick* exhibit a knowledge of etiology, of semeiology, certainly of hygiene, and of the *materia medica* and *their uses* that casts the claims of the authors of whom Dr. Laird makes such honorable mention, and such unfavorable comparisons for us, wholly into the shade. The true test of skill in medicine,—and skill comprehends knowledge,—is, as it is elsewhere, in successful results. Let then the comparisons between the teachers and writers in our school and theirs be made on this basis, and let us hear no more of this twaddle about our great inferiority in those requirements that make only the showy, not the successful, physician.

This entire lecture, as published in the COUNSELOR, is based upon the idea that to be learned physicians we must be just what these bright and shining lights are represented to be. It is a noticeable fact that in all such lectures as this, we are never pointed to the



successes in curing the sick of these great allopathic authors who are held up for our admiration or for our imitation. We might suppose that to be a great physician it is only necessary to have at our tongues end, or at the point of our pens, the learned talk, the scientific gobble that some of our own ambitious imitators of these men have acquired, and are so fond of spreading out upon our journals, and through the pages of their compilations from other men's literary labors. It is of but little comparative consequence, so it would seem from these, what becomes of the patients whom a greatly-mistaken confidence has entrusted to their care, a confidence in their skill as physicians that they do not possess, and a confidence therefore to which they were never entitled through a knowledge of successful methods of treating disease.

To listen to the faint, damning praise of our brave pioneers by this class of lecturers, and *in our own school too*, is, to say the least, offensive, as it is only ridiculous for *them* to say of men who *are* healers of disease, and who are infinitely their superiors in learning as in skill, "we admire their genius and their heroism, but we cannot commend their narrow-mindedness, nor accept their teachings as infallible." Oh! no. "We would not cast reproach upon our pioneers, nor pluck out one leaf from their well-earned laurels. It needed men like these—earnest, enthusiastic, fanatical," I suppose, to *pioneer* homœopathy, pilots who were competent to bring it safely to its moorings, this homœopathic ship of ours. Well, they did it, and those "well-earned laurels" are those that these would-be lecturers and these critics of men, whose life-work they are utterly incapable of comprehending are now presuming to wear, and wearing them, palm off their own miserable wares as the genuine products of *their* life-long and self-sacrificing labors.

This writer, as do all of his kind, must take it for granted, assumes, that those who prescribe for disease from the "*totality of the symptoms*," do so without a knowledge of those symptoms; how else could they be charged with a total or a partial ignorance of pathology? What, when a knowledge of pathology can only be had through a knowledge of the symptoms, where a correct diagnosis must be predicated upon the completest apprehension of the symptoms, both objective and subjective, and when too the

requirements of our system are so imperative and so explicit as to a full cognition of *all* the symptoms of every kind, and of every degree, and when too the provings of the doings of our *materia medica* have been made with the same particularity and with the same comprehensiveness?

If a thorough knowledge of the symptoms of *any* given case does not bring with it a knowledge of its pathology to the competent physician, I am at a loss to know how else, or how otherwise, that knowledge would be acquired. If the symptoms *in their totality* do not reveal the pathological state, pray tell us what does. Pathology, strictly speaking, comprehends not the causes of diseases, nevertheless it is through a knowledge of pathology, or rather of pathological states, that their etiology is reached, just as only through the revelations of symptomatic phenomena do we acquire a knowledge of pathological states, and through physiological phenomena of physiology itself. All human knowledge is resultant upon the observation of natural phenomena, and upon the application of the knowledge thus acquired to human affairs. This is a comprehensive proposition, and one that admits of no possible exception. A knowledge of medical science, direct and collateral, is included in it as a logical consequence, therefore it is only through physiological and pathological phenomena that a knowledge of those branches of medical science may be acquired which are comprehended respectively in the terms physiology and pathology. These and their phenomena are "one and inseparable." There is therefore no occasion, or there is no excuse, for this persistent attempt at their separation, much less for the determined efforts on the part of many to place them in antagonism. Such attempts serve only to evince the imperfect knowledge that those making them have of natural principles and of natural laws. The *genuine* pathologist makes no diagnostic blunders, while the *posological* subscriber is ever liable to them.

I will not contradict the repeated assertion of the lecturer, that "we need better pathology in our journals," nor in most of "our text-books," if he means those patterned after the allopathic authors named in the paragraph in which that assertion is made. I quite agree with the lecturer in that opinion, and unless he includes the Homœopathic *Materia Medica*, which *is*, as it must be,

the only *complete* text-book upon pathology extant. To deny this proposition is to confess a defective knowledge of that great work, if it is not an admission of an utter inability to comprehend and apply it. That "we need better knowledge in our every day practice," I fully admit, and this because we, as a school, do not more diligently study, and therefore do not more fully comprehend and appreciate, our materia medica and the principles of its construction and application.

The true touch-stone, the only legitimate test as to the comparative merits of "our pioneers," and of their modern apologists and vilifiers, is their comparative success in healing the sick. The *pioneer* homœopaths justly boasted that where the allopaths lost by death eight, they only lost one through the same cause as the results of their respective treatment; while modern homœopaths only dare to claim that, "judging from 80,000 cases, the average allopathic physician annually loses by death more than 17 of his patients, while the average homœopathic physician loses only (!) 10," or as about 17 to 10, about five-eighths, where the "pioneers" lost only one-eighth! Comment is unnecessary; deductions are in order, and inferences quite pertinent. T. F. P.

July 30, 1882.

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### MEMORANDA.

Dr. Y. S. Troyer has removed from Peru, Ill., to Winona, Minn.

Dr. John Hunter, of Ann Arbor, Mich., has located at Birmingham, Ala.

"I am greatly pleased with the last change in the COUNSELOR. The first issue as a semi-monthly, and by the 'COUNSELOR Publishing Co.,' is a success."—A. P. Hanchett, M. D., Council Bluffs, Iowa.

The attention of subscribers is respectfully invited to the bills enclosed in the "MEDICAL COUNSELOR" of August 1st. Prompt settlement of the same will bring a very happy smile to the countenance of the business manager.

The Denver (Col.) *Tribune* of July 23, 1882, announces the organization, at Denver, of a free dispensary, located at the corner of 15th and Holladay Streets. The following gentlemen comprise the staff: Dr. A. I. Everett, surgical diseases; Dr. N. G. Burnham, throat and lungs; Dr. H. P. Button, diseases of women; Dr. W. F. Wilson, diseases of the eye and ear; Drs. S. J. Ingersoll and W. L. Brett, general practice; Dr. N. K. Morris, diseases of the skin; Mrs. Dr. H. M. Spencer, diseases of children; Dr. J. C. Johnston, venereal diseases; Dr. J. W. Hoffaher, general practice.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to H. R. Arndt, No. 62 Monroe street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## SURGICAL TOXÆMIA.

BY PROF. J. G. GILCHRIST, M. D., DETROIT, MICH.

(Continued from page 296.)

### VIII.

#### TETANUS.

In all cases everything moves along favorably, for a time, when suddenly a change occurs in the character of the discharges, and tetanus is set up. The true incubating period, it seems to me, should be estimated as commencing with the change in the secretions. However, the table most frequently quoted is that given by POLAND (HOLMES' Syst. Surg., I. 567), as follows:

CASES.	DEVELOPED.	DIED.
130.	Previous to 10th day.	101.
126.	“ “ 22nd day.	65.
21.	After the 22nd day.	8.

Thus it appears that nearly half the cases occurred before the tenth day, after the reception of injury, and that the shorter the incubating stage the greater the mortality. As of interest in prognosis, therefore, it may be noted that death is imminent in proportion as the incubation is short, the symptoms rapidly develop, and the severity of the paroxysm extreme. It may be noted, also, but may require attention later, that traumatic cases are believed to be much more unpromising than idiopathic. Before considering causes, let us enquire what are the causes of death.

There are very many and conflicting opinions as to the immediate cause of death from tetanus, whether exhaustion, tonic spasm of muscular organs, lesions of the cord or nerve-centres,

or interference with respiration from spasm of the muscles of the chest and others engaged in that act. In very many cases *post mortem* examination shows an extravasation of blood in the spinal cord; but it is not uniformly the case, many observers never having found it. There can be little doubt, on careful consideration of all the circumstances, that this must be an accidental occurrence, and largely without significance, apart from the fact that it may complicate or modify existing conditions. Most of the records of death, those which are given with any attention to detail, show that the demise was sudden; sometimes, on being raised up to assist respiration, the patient immediately expired; at others, the commencement of a paroxysm instantly destroyed life. In all cases it was very speedy, and with little or any warning. We observe, in studying the symptoms as they are given, that they are usually progressive in severity, each spasm being more severe than its predecessor, until the climax is reached. When the muscles of the chest become involved, together with those of the larynx, and perhaps the diaphragm, the dyspnoea is fearful, and the anxiety of the sufferer distressing. Again, as most of the deaths seem to have occurred from suffocation, the inference is perfectly natural that failure of respiration must be considered the chief cause of death. There are few signs, *post mortem* or otherwise, of implication of the heart, and the opinion is general that spasmodic conditions of that organ are rare; it only operates to induce death in common with, and secondary upon, the respiratory failure. So little is the subject understood, that many writers and teachers of eminence consider tetanus purely functional, without any pathognomonic organic lesion, and that such lesions as are observed on *post mortem* examination are solely accidental, not in any sense characteristic. To quote from an author whose language has become classical, and who is quoted in almost every article written on tetanus for the last fifty years, Mr. WILKINSON KING, of Guy's Hospital, England, when called to make an autopsy in cases of tetanus, used to remark: "Gentlemen, we will now proceed to give you a demonstration of a case of healthy anatomy. For there will be no visible morbid appearance, otherwise than congestion of the organs in various degrees, which are owing to accidental circumstances."

Should recovery follow an attack of tetanus, it will be both painful and tedious. The face will long retain its aged expression; the limbs will be almost immovable from the prolonged violent tension to which the muscles have been subjected; some of the muscles may be torn, completely or partially; even bones may be broken, or joints dislocated, from the muscular action; respiration, speech, and deglutition may all be painful and embarrassed, from the same causes, and other functions may be more or less interfered with. It is not unusual to find one, two, or more, months consumed in the restoration of health, some of the physical impressions, such as the expression of the face, even remaining during life.

In traumatic acute cases, the starting point is the reception of an injury, usually a wound, and it is important to enquire if anything can be prognosticated by a consideration of character or location. It appears, judging from the best authority obtainable, that the bodily condition, sex, age, location or kind of injury, are each and all of no significance whatever, provided conditions, yet to be referred to, are fulfilled. Mr. POLAND (*loc. cit.*) out of 23 cases of tetanus occurring in Guy's Hospital in a period of seven years, classifies the injuries with which it was associated as follows:

Major and minor operations,	1367 cases.	Tetanus in 1
Wounds of all kinds,	594 “	“ “ 9
Injuries and contusions,	856 “	“ “ 1
Burns and scalds,	453 “	“ “ 3
Compound fractures,	398 “	“ “ 9
Totals,	3668	23

Please observe that the injuries proved favorable to the production of tetanus are peculiarly those in which retention of the secretions is peculiarly favored; thus, in wounds, burns and scalds, and compound fractures, 21 of the 23 cases had their origin; whilst in wounds of operation, where free discharge is carefully provided for, there were only two cases.

Were we concerned in the study of idiopathic or centric tetanus, we might perhaps find parallel conditions existing. It will serve our purpose, at this time, to notice but a few of them. In trop-

ical countries, more particularly in the West Indies, and especially among the negroes, tetanus is very common in the idiopathic form. Injuries, likewise, are oftener followed by tetanus than would seem to be the case in northern climes. It has been observed that there is a remarkable freedom from septic conditions in the same latitudes and among the same races, but exact figures cannot be given, owing to the careless and indifferent way all statistical records are kept. It is proved that air in motion, whether hot or cold, is provocation of tetanus when an individual is exposed to its influence. This is particularly the case when persons heated by exertion, as running, throw themselves down in currents of air to "cool off." The rationale seems to be in a suppression of cutaneous excretion. Now, similar physical conditions seem to exist in the case of the wounded, viz: a suppression of excretion from the wound, and the prime etiological factor would hence seem to be the same. There seems little room for question, that an individual exposed to influences that would favor the occurrence of septicæmia, when wounded, may have either that or tetanus set up, according as one or another vital predisponent may exist, the nature of which is as yet perfectly indistinguishable. We must concede, however, a peculiar neurotic state, in the case of tetanus, that does not obtain in that of septicæmia. And here lies the key to the whole matter, of this question as well as all others of exact pathology; who is to find the lock into which this key fits? Here are two conditions that are exactly similar, so far as initial states are concerned; and yet, at a certain stage in the process of development, one runs to septicæmia, perhaps pyæmia, and the other to tetanus.

We must not ignore the influence of devitalized tissue resting in close relation to living parts. There is a mechanical, a physical, and a chemical aspect to the picture, not to be considered separately, but acting conjointly to accomplish the ultimate result. Dead tissue acts as, and is (to all intents and purposes), a foreign material; an extrinsic irritant. When deposited in purely vascular parts, it excites hyperactivity, and the result is inflammation. When in close relation to nerves, it excites the same, or analogous, state of exalted function, and the exact result depends upon the function of the nerve implicated. Thus, if a

sensory filament, hypersensitiveness ; if a motor trunk, spasmodic contractility of the part supplied. Thus in some cases, well known to surgical readers, splinters of wood, or other forms of foreign material, have been extracted from the tissues in which they are embedded, with a prompt suspension of tetanic convulsions. So we must concede a mechanical cause, whether the irritant be a purely extrinsic substance, or an intrinsic one that has perished. We find this condition fulfilled in the character of the wounds oftener succeeded by tetanus, viz, those in which there is much devitalization of tissue and deficient means of excretion, as compound fractures, with extensive subcutaneous injury and small integumental wounds ; burns and scalds, with cuticular excretion arrested, and devitalization of deeper tissues ; lacerated and contused wounds, presenting similar conditions, and many other instances.

That there is a physical cause, the same considerations amply prove. In addition to the irritation any foreign body would produce when in contact with nerves, we all know, by numberless examples, that devitalized organic tissue is particularly so. This being due to retrogressive changes, by which a more or less perfect resolution into the original elements is secured, it thereby becomes increasingly absorbable, and may furnish the fuel for septicæmia or tetanus, as other conditions prevail. This brings us to the third causative process, viz : chemical action.

Dr. B. W. RICHARDSON says : "In this disease, the poison, in my opinion, is first developed in the wound as a result of decomposition." Others have taken a similar view of the actual cause, and have constructed more or less ingenious theories.

I shall sum up causation, therefore, as constant irritation of an excito-motor nerve, extending to the cord, perhaps abnormally hyperæmic, from devitalized (or septic) material, retained in the wound by a perversion of excretion. In everything excepting the inclusion of a nerve, the conditions are the same as in septicæmia.

Not being included in my scheme, I forbear adding to the length of this paper by giving an extended treatise on the treatment ; it will suffice to direct attention to some remedies which have either proved curative, or are suggested by a knowledge of well-known pathogenetic indications. Thus JAHR gives cases



cured by *angustura*. S. R. BECKWITH (*Med. Ad.*, I. 274) gives an instructive case cured with *cicuta vir*.

*Cupr. acet.* I have found useful in at least one case, in which the premonitory substernal pain was severe.

*Hyperic. perf.*, from the remarkable property of controlling pain after operations, should have a prominent place.

*Hydrocyan. ac.* according to HUGHES (*Trans. Worlds Hom. Con.*, 1876), who gives an instructive case from the experience of Dr. Geo. Moore.

*Ledum pal.*, has done me good service in two cases of spasms following punctured wounds, in which the parts injured became cold as ice.

*Nux Vom.* or *Strychnia*, from the well-known symptoms, would seem to be the typical remedy, but I can find no record of its use.

*Veratr. Vir.*, according to Dr. NAVARRO, of Santiago de Cuba, who has had a very large experience, is of particular value in the first stages, at least until relaxation occurs.

POLAND (*loc. cit.*), says that there is a "poison made from a large twining shrub," called *Chetik*, "a species of *strychnos*," which "produces artificial tetanus."

*Strammon.* should prove valuable when the clonic spasms predominate, and are very violent.

*Arsenic*, in the form of Fowler's Solution, has been used by Dr. Hogden, of St. Louis, and others, with curative results, and from its known relation to septicæmia might be quoted as presumptive evidence of the common origin of the two conditions.

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### DESTRUCTION OF THE TESTICLE FOLLOWING AN INJURY.

BY M. E. DOUGLASS, M. D., DANVILLE, VA.

CASE: Mr. D. A., farmer, age 70, fifteen years ago fell while climbing a fence, injuring his testicle. In consequence was laid up in bed several days. Scrotum has been enlarged ever since; any undue exercise causes a good deal of pain and swelling. June 14th was called to see the case. Found the patient in bed; had plowed all day three days previous, and has been in bed ever since. Scrotum nearly as large as a man's head, very hard, and

firm; deep pressure detected slight fluctuation. No transparency or motion to hand on coughing. Inserting the hypodermic needle, I drew off a quantity of dark grumous fluid. Plunging the bistoury into the sac, nearly a pint of this fluid escaped. On the 16th called again to see the patient. Scrotum nearly as large as before. Satisfied that a diseased testicle was the cause of his troubles, and that the only relief lay in its removal, I opened the scrotum. The several layers of the scrotum were nearly an inch in thickness and very hard, almost cartilaginous. The testicle, together with the cord, was a broken down mass. I removed nearly a cupful with my finger as a scoop, washed out the cavity with a weak solution of carbolic acid, inserted a tent, and dressed the wound. There was very little hæmorrhage, and no vessels were ligated. Patient is recovering.

### POTTER'S CLAY.

FOR BURNS AND POISONOUS WOUNDS.

BY J. C. FLYNN, M. D., WARREN, MICH.

CASE No. 2: Mr. D., a farmer, while engaged in a fight over a game of cards, had the middle finger of his right hand bitten, which became very much inflamed and gangrenous, and necessitated the amputation of half the finger. This occurred under the care of one of the best "old school" surgeons in this part of the country; in spite of all efforts to the contrary, the hand grew worse all the time. The residue of the finger, hand, and forearm were swollen two or three times their normal size, and the doctor thought the patient would have to have the hand, and perhaps the whole arm, amputated.

Hearing this, the family decided to change physicians, and I was called, ten days after the amputation, and three weeks after the accident happened. When I first saw the patient, his hand and arm were in the condition already described, with four fistulous openings, two of which were on the stump of the finger, one on the palm of the hand, and the other on the back of the hand, all discharging a sanious pus. The end of the stump was gangrenous, and the patient almost beside himself with pain, so much so that he had to walk the floor day and night.

Treatment: Ars. 3x trit., powder every two hours. Exter-

nally, a poultice made of potter's clay by wetting the clay with calendula infusion; we changed the poultice three times a day, and continued this treatment for three weeks, only lengthening the time between the doses of arsenic to three and four hours, then to three times a day. At the end of three weeks, the stump and hand had healed, and the case was discharged cured.

CASE No. 3: This patient had a felon on the thumb; the member had been lanced, kept up a discharge for several weeks, and inflammation extended over the whole hand. I applied a clay poultice, made as in Case No. 2. Gave no internal treatment. Changed the dressing three times a day, and kept the poultice wet *with water* whenever it became dry. Case discharged cured in ten days.

These are only a few of the many cases in which I have used potter's clay; such as varicose ulcers, broken chilblains, cuts, bites from insects, burns and scalds, and for the latter I do not believe there is a better dressing known. Suffice it to say, that I wish all who may have occasion to do so would give it a trial, and my word for it, they will not be disappointed.

### CONSERVATIVE SURGERY—A CASE.

BY J. C. WOOD, M. D., MONROE, MICH.

In the evening of the 22d of April I was called, with Dr. A. I. Sawyer, to see Mrs. R. and daughter, who had been violently thrown from a carriage only a short time before our arrival. We found the mother suffering from a compound fracture of the left elbow, the skin and soft parts being frightfully lacerated, and the entire olecranon projecting, being attached to the ulna only by a portion of the periosteum. Upon inserting the finger into the wound, the rounded head of the radius was found detached from the shaft, and was removed with little difficulty. Her left leg had also sustained a transverse fracture at the lower third. The daughter was less unfortunate as regards her arms, but about three inches of the sharp end of a fractured tibia was projecting through a heavy woolen stocking, while her face and head were badly scratched and bruised. It would have been an easy task to amputate both members that had received a compound injury, but we did nothing of the kind. After carefully dissecting out

the upper ends of the bones of the forearm, and removing enough of the projecting tibia to enable us to properly adapt the broken extremities, we applied to both arm and legs splints made from alternate layers of sole-leather, felting and flannel (first made pliable by soaking in water, and then united with starch), with fenestræ so located that the lacerated and contused parts could be thoroughly dressed without removing splints. These dressings were continued until, under the action of arnica tincture and carbolic acid, suppuration had ceased, and the wounds had closed, when plaster paris was applied to both legs, and a right-angle splint to the inside of arm, the latter being removed daily for the purpose of making passive motion—very gently at first, but increased from day to day until at this writing (sixty-two days after injury) both have quite regained the use of their limbs, and the arm has so far recovered as to have fair motion, which is gradually increasing. Although fifty years of age, the mother yet possesses that vigorous constitution so characteristic of the native French of this locality, and the daughter having fortunately inherited the same physical capabilities, undoubtedly had much to do with the rapidity of convalescence.

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### THE CLINIQUE.

#### CASES OF DIARRHŒA TREATED BY THE "OLD MASTERS."

(Continued from page 304.)

*Ferrum.*—In watery, acrid diarrhœas which cause soreness at the anus, ferrum met. proves an excellent remedy, when there is, with the diarrhœa, vomiting of food immediately after eating.—

*Hartman.* Ferrum proves useful in diarrhœa, especially of children, which has existed for some length of time, and when eating or drinking is very soon followed by a watery evacuation *without pain or effort* (a very important point), which contains a portion of the undigested food; there is also found a sickly, pale color of the face; emaciation, hardness and bloating of the abdomen without flatulence, craving hunger alternating with loss of appetite, and thirst.—*Knorre.*

CASE: A child, aged 2½ years, of a peculiarly well-defined lymphatic constitution, has had diarrhœa for three months. Symptoms: Diarrhœa is most frequent during the night; the

evacuations are now watery, then slimy, painless; there is no tenderness to touch in the lower bowels. The countenance is pale; there is a marked bloating of the body, the pressure of the finger leaves a depression, which disappears gradually. Surface is cool, appetite poor, much thirst, great weakness, nightly paroxysms of fever. Pevish; inclined to cry.

Rep.: China, no relief. Then ferrum, one grain triturated with one drachm of sugar; two or three doses each day. After a few days, improvement commenced, resulting in a prompt cure.—*Werber in Hygea.*

*Ignatia.*—CASE: A girl, aged three years, has had diarrhoea night and day, but especially during the night, painless, but with much grumbling from flatulency. No remedy seemed to relieve; she grew poor, and showed a tendency to become easily frightened. It was discovered that the entire trouble was caused by *fright*. One dose of *ignatia* cured promptly.—*Gross.*

*Lachesis.*—CASE: A girl, aged 20 years, of feeble constitution, had been given cathartics for the purpose of correcting some disorders of digestion. The looseness of the bowels remained, continuing several weeks, with great exhaustion. Symptoms: She lies in bed emaciated, prostrated, unable to raise herself; she has 18 to 20 stools during the day, and almost as many during the night. The painless evacuations are of a brownish-yellow, smell like carrion, are of liquid consistency mixed with little bits of faecal matter; eating or drinking are followed by stools. Tongue looks red, rather dry; she craves drink, but does not indulge herself on account of making the diarrhoea worse. Sleep uneasy, disturbed by dreams; hands withered, cold; slight twitching of the hands. Great depression of spirits, hopelessness. Her voice sounds plaintive. *Lachesis* 24 cured promptly, after arsenic and *veratrum* had failed.—*Gross.*

*Mercurius sol.*—CASE: A child, aged one year, was taken with frequent vomiting, sickness at the stomach, diarrhoea, frequent crying spells, thirst, great heat, trembling of the hands, could not stand, cried when touched; at night there was restlessness, convulsive movements, rolling of the eyes, twitching of the muscles of the face, arms, and legs, gritting of the teeth, redness of the face, heat, copious perspiration; the bowels moved every half

hour, the stools consisting of yellow, green, foamy slime. Cured in 24 hours by a solution of mercur. sol. 4th in water.—*Schelling* in *Hygen*.

CASE: A robust woman was suddenly, one evening, taken with diarrhœa. Symptoms: Colic, lower abdomen painful and sensitive, sickness at the stomach, vertigo; a feeling of heat ran through every limb and through the entire body, with a feeling of beating in every artery, loss of consciousness, cold sweat, spells of almost fainting, diarrhœa, coldness of the face, the countenance looked pale as a corpse, and pinched; the head fell sideways; limbs were powerless, cold, stiff; the pupils dilated, eyes dim, hollow; breathing labored. Rep.: Merc. sol. 1, every half-hour. The night was spent with great restlessness and paroxysmal return of the symptoms given; toward morning the surface became moist and warm, without sweating; on the following day the attacks were much milder. Cured on the third day.—*Schelling*.

*Petroleum*.—CASE: A robust man, of nervous temperament, aged 29 years, has had diarrhœa for four years. Symptoms: Heaviness in the head, dizziness when stooping; aversion to meat, especially fat. Great thirst. Taste in the mouth sweetish-sour. Sickness at the stomach after eating. At times vomiting, green, bitter. Feeling of coldness in the bowels. Violent cutting pain, as from knives, in the lower abdomen, with pinching which ascends toward the chest. Pain relieved by bending double. Sudden and violent urging to stool, must run at once; after stool, feels relieved, but very weak. Has from seven to eleven stools in 24 hours, watery, yellowish, followed by burning in the rectum. Great lassitude. Diarrhœa at times comes on at night. Morose, depressed. Rep.: Petroleum 18. Within two days the stools became painless; within four weeks all the digestive disturbances improved, but calcaria and phosphorus were required to complete the cure.—*Rueckert*.

*Phosphorus*.—Phosphorus, in the 30th dilution, rarely in the lower attenuations, given in frequently-repeated doses, is often a splendid remedy in weakly, very sensitive persons, who have long had a watery, painless diarrhœa, or where there have been indications that the vital forces are giving way, especially in child-bed, in the diarrhœa of phthisis, or of typhoid fever. It has

shown its efficacy in hundreds of desperate cases, and it is in these very cases that we see most plainly the difference between phosphorus and phosphoric acid.—*Lobeth.*

CASE: A lying-in woman, after having had a violent fright, anger and cholera, had fallen into a kind of nervous fever, with shiverings and constantly occurring involuntary stools. Phosphoric acid did nothing for her. After taking phosphorus 30, the almost dying woman commenced to feel better in the head, her diarrhoea ceased, and she made a prompt recovery.

A lying-in woman, primipara, had had diarrhoea set in before confinement, labor was very hard, and the diarrhoea continued for seven weeks; there were from seven to ten stools each day, she looked like a corpse, and was in the last stage of perfect prostration, when she came to me for help. Phosphoric acid did nothing for her, but phosphorus 30, in solution, cured very soon.—*Lobeth.*

H., aged 36 years, of medium height, of dark complexion, thin in flesh, has had diarrhoea for ten weeks. Symptoms: The body is very thin in flesh, countenance earthy pale; eyes dim; tongue coated grayish-white in the centre, bright red on the margins, dry; lower abdomen collapsed; contractive, cutting pain at and about the umbilicus, continuing almost constantly, most violent in the morning, followed at short intervals by two to four thin stools of grayish-white color, with prostration, with another evacuation at noon and in the evening; urine scanty, turbid, with light-yellow sediment. Poor appetite; thirst; coolness of the hands and forehead; in the morning feels quite chilly, rather warm in the evening, especially in the face and in the palms of the hands. Pulse small, feeble, hardly 60. For several years has had tickling in the throat with dry hacking cough.

Rep.: Cham. 9, two doses, lessened the pain somewhat, but did nothing else; there is constant loss of strength. Phosph. 30, three doses in five days. Improvement commenced after the first dose; the diarrhoea subsided; appetite returned, and he gained in strength. After a week he could walk about, and in two weeks he was cured and started on a journey.—*Schwarze.*

*Phosphoric Acid.*—Phosphoric acid did excellent service in diarrhoea, especially in summer-diarrhoea, with copious, watery stools,

rumbling in the bowels, flatulence, without marked loss of strength. At times I have prescribed the first or third dilution, sometimes the pure acid in alcohol, and I have preferred to give it immediately after each stool.—*Griesselich*.

*Pulsatilla*.—*Pulsatilla* is indicated in diarrhœa, where the stools are of a mushy consistency, liquid, fetid, excoriating the anus, causing burning and pain, accompanied with sickness at the stomach, nauseating eructations and colic, more frequently during the night than during the day.—*Hering*.

The characteristic symptoms of *pulsatilla* in diarrhœa are their frequency in the night, especially before midnight, or at times in the early morning, right after getting up, watery, green, yellowish.—*Hartman*.

CASE: H., tall, thin in flesh, inclined to diarrhœa, has suffered from diarrhœa for a week. Symptoms: Frequent stools, especially during the night, every fifteen minutes, consisting of blood and mucus, preceded by pinching and cutting pains about the navel, obliging him to bend double, disappearing a short time after stool. The passage excoriates the arms, and burns like fire. With it, bad taste in the mouth, whitish coating of the tongue, sickness at the stomach, occasional vomiting of mucus; with the stool, chill, with goose pimples; chilliness all through the day alternating with flying heat without thirst; feels better in the evening. Pain in the small of the back; can hardly move.

Rep.: *Pulsatilla* 12, one drop, followed, within a few hours, by a perfect recovery.—*Hartman*.

### SINGLE REMEDY AND HIGH POTENCY.

BY W. S. GEE, M. D., HYDE PARK, ILL.

CASE 1: Mrs. V., aged 81, was seized about 11 P. M. with an attack of cholera morbus, the supposed result of eating a large quantity of "warmed-over" soup. Saw her in about half an hour after she was taken, and found her lying on the bed, her skin cold as ice almost. Cold sweat on forehead and body. Craving for the coldest drinks; said the water from the hydrant tasted warm to her. She would have frequent movements of the bowels, and vomit at the same time, with cold sweat on forehead. She could not bear to be touched. Although she was very cold, yet she



continually complained of feeling too warm, and would not allow the bed-covering over her. This was so clear a picture of ver. alb. that there could be no doubt, and a fair trial of potencies was thought to be offered. Gave a powder of saturated pills verat. alb. 6x (Halsey's), and awaited results. Waited, I thought, a sufficient length of time for the effect, which did not occur, and when offered more medicine the patient said, "Oh! no, it's no use," but this time we gave her a powder of saturated pills ver. alb. 200 (Boericke & Tafel), and in two minutes she lay down and went to sleep, allowing the clothing to be placed over her. She slept until 4 A. M., then awoke with a reappearance of the distress, and another powder of the 200th was given as directed. This was sufficient to complete the cure, and although the old lady was so prostrated that she was unable to be up for two days, the dose was not repeated. In previous attacks she had used mixtures, patent medicines, including "Pain-Killer," in large doses, etc.

CASE 2: Mrs. H., aged 25, was confined three months ago, and "was sick for six weeks afterward," but what her trouble was neither she nor her physician, it seems, could tell. She complains of weakness in back and abdomen; *bad taste in the mouth in the morning, causing her to rinse her mouth; wakes about 3 A. M. and feels tired; feels worse in the morning.* No appetite for anything unless it is radishes, and craves nothing. *Felt gloomy, and at times would cry. Frequent ineffectual urging to stool. Fæces large, and expelled with difficulty. Frequent urination, with burning and uneasiness.* Here we were between puls. and nux. v., but considering the mental symptoms of great importance, we gave puls. 50 m., 3 powders, and sac. lac., to report in one week. Next report showed but little change, with the exception of a better appetite and a less gloomy mental condition. Sac. lac. for a week.

Next week much the same, with this change, that instead of crying at trifles and feeling gloomy, she *felt cross, and others said she was fretful, easily angered.* Other symptoms still calling for the nux. vom., the mental symptoms now indicated that remedy, and nux vom. 500 m, 3 powders, and sac. lac. was given for a week. The next report was better; bowels moved more natur-

ally; felt stronger all over, had been down town, could walk quite a distance, had menstruated more naturally; the last time she flowed less, and the flow did not continue so long. (In addition to the menses coming *too soon, too profuse, the flow was dark.*) She had better appetite. Gave sac. lac. Next week she felt well during the first part of the week, but later was not so well. Although there was a change in the weather at that time, which was unfavorable to her, yet we thought best to repeat the dose, and gave nux vom. 500 m (Swan), 3 powders, to be taken at bed-time on the same and the two following evenings, with sac. lac. during the rest of the week. Next report stated that she had a headache on the three succeeding days after her visit, and from that time had improved. She had never experienced such a headache before, and it was better a few hours after taking the medicated powder. Whether the headache was induced by the remedy (it was a nux headache), some one who is farther advanced in the scale of dynamics must decide. The patient improved rapidly and recovered *without further medication*, having done in five weeks what we told her she must not expect short of three months. Many who are content with tinctures and low potencies will feel disposed to throw this statement aside, and say that another fanatic has shown himself, or another "crank" has come to light; but hold a moment, reader! Do you remember that every movement has been thus denounced, and that those who are first to brand the "heretic" are afterward shown to have least judgment and most ignorance? The potencies were given as labeled and accredited to the pharmacist, and if the 500 m. was in reality the 3x, that is not my fault. In our opinion, the best way to decide this matter of potency, is to use a high attenuation when we are sure the remedy is indicated. Begin with chronic cases, where a few hours will matter but little so far as the risk to the patient is concerned, and never decide until we have tried this to our own satisfaction; then, and then only, are we justified in considering the question, and pronouncing it *sense* or *nonsense*.

#### A CRUCIAL TEST.

BY W. J. MARTIN, M. D., PITTSBURGH, PENN.

Thursday, July 27th, about 3 P. M., was called to see Mr. W. F., the messenger informing me that I must make all haste,

or the patient would be dead before I could see him,—though I had seen him less than two hours before, at which time he was in the enjoyment of perfect health, having just eaten dinner, which he relished heartily.

I was soon by the bedside of Mr. W. F., and truly enough, he was making rapid strides deathward; his face was pale, pinched, and bathed in cold sweat, as was the entire body; the skin on his hands was wrinkled and bluish; the muscles of the thighs, legs, and feet were so cramped that it required two persons to rub them, to prevent great knots from forming; he vomited large quantities of watery substance having a peculiar odor something like wet straw, accompanied by violent retching, and followed by great prostration; vomited every three to five minutes; the motions from the bowels were less frequent than the vomiting, were preceded by cramp-pain in abdomen, discharges very profuse, watery, dark-colored, and offensive; voice hoarse; thirst intense, and for large quantities; pulse weak and slow.

It required less time to take in the whole situation and make a prescription, than it does to write it. To see the man, was to see that only one medicine was indicated, and that one medicine was so positively and unmistakably indicated, that if it did not cure, nothing else would. I therefore at once dissolved ten drops of verat. alb. 12 in a goblet half full of water, and determined to give him one teaspoonful every five minutes, until I could see improvement. To the question, "Could I not do something for that awful vomiting?" I gave an unqualified answer, "Yes;" and to the question, "Could I not do something for those terrible cramps?" I assured them I was doing that which would cure him.

Well, I did not appear to be doing much,—sitting on a chair administering a teaspoonful out of that glass every five minutes,—and the worst of it was, he did not stop vomiting after the first dose, nor did the cramps cease after the first dose, nor after the second, or third, or fourth, but he continued to vomit and to cramp, and yet there was nothing else under the sun indicated but *veratrum album*, and if there is one principle that I think should be adhered to more closely than any other, it is, to never change an indicated remedy for one that is not indicated.

But the position of Doctor under such circumstances is a very

trying one, the cries of the patient and the enquiries of friends, Oh! doctor, can't you do this? or can't you do that? are apt to make one lose his head and become panic-stricken, unless he knows that he understands his case,—knows he is giving the right treatment, and has full, complete, and entire faith and belief in the system of homœopathy; and if he has not the latter, he had better “shut up shop,” if he wants to be an honest man.

Well, my patient continued to vomit and purge, and cry out with the cramps, and I continued to give the veratrum, and nothing else; but in thirty minutes we could see that a favorable change was taking place. He vomited less frequently and a less quantity, and gagged less; the cramps in the extremities had disappeared, surface of body not so cold, pulse growing stronger. For the next half-hour he got his medicine every ten minutes; vomited twice, had one stool, and no cramps. I now withdrew, having been with him one hour, leaving him in a much safer and more comfortable condition than I found him, and having added another to the already overwhelming number of proofs that in the most desperate cases the safest and quickest way of restoring health is by the faithful administration of the single simple homœopathic remedy, and that this is all sufficient. In three days the patient was well and walking about.

#### LESIONS OF THE ORBITAL WALLS AND CONTENTS DUE TO SYPHILIS.

In the August number of the *New York Medical Journal and Obstetrical Review*, Dr. Charles Stedman Bull, Lecturer on Ophthalmology and Otology in the Bellevue Hospital Medical College, considers the syphilitic diseases of the bones forming the walls of the orbit, and of the connective tissue and adipose tissue of the orbital cavity, without reference to those of the eyeball or of the adnexa. Disease of the bony walls of the orbit, he remarks, is not a very common manifestation of constitutional syphilis, though it is by no means rare. The lesions are, 1st, a periostitis or osteo-periostitis, with or without subperiosteal abscess; 2d, gummy tumor or syphiloma of the periosteum; 3d, periostosis, hyperostosis, or exostosis of one or more bones; and, 4th, caries and necrosis, involving more or less of the entire thickness of the

bony walls. Clinical observation would seem to afford ground for the belief that the bones of the orbit are not so frequently effected by syphilis as other parts of the bony skeleton, but the dead-house teaches a somewhat different story, and he is inclined to think that a more careful and minute examination of the patients in the venereal and surgical wards of our large hospitals would lead us to alter our opinion in regard to the frequency of the occurrence of the bony lesions in this region. Some of the symptoms are slight in severity and transient in duration, and often are not pronounced enough to attract the attention of any one but the patient. These lesions, according to most authorities, belong to the late stages of syphilitic infection, though the most recent investigations seem to point to the existence of two forms of periosteal disease due to syphilis, which are to be distinguished from each other by the intensity of the process, and the period of constitutional infection at which they occur. It seems to be a recognized fact that the cases of syphilitic osteitis and osteo-periostitis developed during the early or secondary period of constitutional infection are much less severe than those observed later. The latter are accompanied not only by subperiosteal and osseous gummata, but also by dense osteitis and necrosis. In the late, as in the early, osseous symptoms of constitutional syphilis, the exciting cause of the bony lesion and of its location is generally found in contusions, repeated bruising, and slight injuries. Though these various lesions of the bony orbit are generally regarded as late manifestations of constitutional syphilis, yet attention has been called to their by no means very rare occurrence as an early lesion, and this is particularly the case with periostitis of the orbit. Perhaps the most interesting cases of syphilitic orbital disease to the clinical observer are, he adds, those which present the results of chronic hyperplastic bone disease, such as periostosis, hyperostosis, and exostosis, both on account of their rarity and of the possible resulting deformity. There seems to be still some doubt as to the pathogenesis of periostosis, pathologists being divided in opinion whether it is the natural result of a plastic periostitis, or whether it is a distinct pathological process in itself. It is certainly a rare process in the orbit, where periostitis syphilitica usually either yields to treat-

ment and leaves no trace of its presence, or else ends in suppuration and caries. Periostosis here is probably a chronic periostitis which has ended in induration or sclerosis, forming a tumor, more or less circumscribed, along the orbital margin, and very rarely occurring in the deeper parts of the orbital cavity. Ricord believes in the existence of three kinds of periostosis—inflammatory, gummy, and plastic, of which the last is probably merely a stage of the first. He cites but one case of the gummy variety, occurring deep in the orbit on the nasal side, and which was probably nothing more than a periostitis with the formation of a subperiosteal gumma. It is probable that the process is simply a thickening of the periosteum, and that the term node would apply equally well to circumscribed periostoses of the orbit, as in other parts of the body. They never occur as precocious lesions of syphilis, but are late manifestations, the result of long-continued plastic inflammation, originating, probably, in the periosteum and confined to it, and only in isolated cases ending in ossification. They are generally sensitive to pressure, and painful at certain periods of the day. If they happen to occur in the vicinity of the supra-orbital or infra-orbital foramina, there is more or less trifacial neuralgia all the time, which increases in severity as the periostosis spreads. Though rare under any circumstances, and almost always observed along the orbital margins, it is probable that they occur deep in the orbit, at or near the apex, and around the optic foramen, oftener than we have supposed. It is probable that many of the cases of paralysis, partial or complete, of one or more of the extrinsic muscles of the eye, coming on somewhat gradually, are due to a periosteal node pressing on the muscle or its nerve branch in its course or near its origin, producing at first paresis, and then paralysis by direct pressure as it grows. Such a node, growing from the periosteum at the extreme bottom of the orbit, might, if of any size, easily involve the origins of all the straight muscles of the eye, and this without any very great projection into the cavity of the orbit. Of course, in such an instance the optic nerve would probably also be involved, and there would be atrophy of the nerve fibers, perhaps preceded by neuritis descendens. These cases, the writer believes, are not so very uncommon, and they offer a plausible explanation of the

reason why so many cases of paralysis of the ocular muscles in syphilitic patients are not cured by well-directed antisiphilitic treatment. The periosteal thickening goes on gradually, involving the origin of the muscle or its motor nerve branch, until the latter becomes atrophied from compression, and then, although in favorable cases the periostosis may be absorbed by treatment, the mischief has been done and the paralysis is permanent. Another symptom which may be produced by periostosis deep in the orbit is exophthalmus. This form of periostitis, involved in periostosis, does not tend to spread, and hence is but little likely to involve the orbital tissue. Any projection of the eyeball is here due to the periostosis itself. Furthermore, there are no signs of acute inflammation, no constant pain in the orbit, and no sensitiveness to pressure along the orbital margin. On pressing the eye backward, pain is experienced, but the process may go on from the beginning without any pain, and the patient's attention may first be attracted by the exophthalmus, more or less limitation of motility of the eye, then diplopia, or double vision, and finally impairment of vision. The author treats of various other lesions properly included under the title of this paper, and discusses their pathology and treatment.

#### A CASE OF OPIUM POISONING.

BY A. P. HANCHETT, M. D., COUNCIL BLUFFS, IOWA.

July 27. Was called at 7:30 A. M. in great haste to see a gentleman supposed to be dying at a hotel in our city, either from some poison or from apoplexy.

I found the patient as he had been discovered, lying upon his back in a comatose state, with stertorous breathing, livid countenance, rigid muscles, flesh almost cold, pupils contracted to a mere point. Each respiration seemed as though it might be his last. I tried to administer remedies, but he could swallow nothing. We found in his pocket a two-ounce vial containing a few drops of laudanum. The story was easily read; but can we save our patient? Something must be done at once, or it will be too late. He had evidently taken the drug some hours before discovered, and I at once decided we should only consume valuable time by resorting to the stomach-pump, for it must have passed beyond

the stomach. How much he had taken we could only conjecture. Certainly not two ounces, or it would have been rejected by the stomach and thrown off, or proven more rapidly fatal.

I called for some ice and had it broken into pieces as large as could easily be passed into the rectum, and immediately passed between one and two pints of these into the bowel. Also placed ice against the spine in the cervical region, and held some in the axilla. The result was most gratifying. In ten minutes he breathed more freely, and the lividness was entirely gone, and he went on to a rapid and complete recovery. In a few hours he was able to talk, and could not understand what all the fuss was about. He said he took through the night nearly half the bottle would hold, for neuralgia, but did not suppose he was taking a dangerous dose.

Thanks to the ice, my patient still lives; and I would request any one having a similar experience to report results.

#### CONTAGIOUSNESS OF PULMONARY CONSUMPTION.

Within the last few weeks, we have had an opportunity of seeing specimens of certain micro-organisms, prepared by Koch of Berlin, and described by him as the bacillus of tubercle. This organism is believed by him to be the active agent in the origin and spread of tuberculous diseases. You have also had an opportunity of seeing that this micro-organism can be artificially cultivated and successive generations produced, each retaining with undiminished virulence the power of producing tubercle when introduced into the bodies of certain animals. Never, in the whole of the past history of medical science and of medical discovery, have propositions been advanced of greater import than those which have been advanced and maintained in connection with this discovery. Let me state what these propositions are.

1. Tubercle is an infective malady, originating in a specific virus, and propagated by the conveyance of that virus from body to body, and originating in no other way.
2. The specific virus of tubercle consists of a particular micro-organism, found only in tubercle; this organism can be seen in the cells of tubercle, and cultivated in successive generations, without losing its original properties.
3. Certain forms of disease, termed "scrofulous,"



are essentially tuberculous; and their characteristic anatomical morbid products contain the infective organism peculiar to tubercle. The disease known as pulmonary consumption is, in the main, a tuberculous disease, and is dependent on the presence and propagation in the body of the infective organism characteristic of tubercle. 5. Pulmonary consumption is a contagious malady.

Of these five propositions, it is claimed for the three first that they rest on demonstration, as I propose to show you; the last two are, more or less, of the nature of inferences from the three preceding; and, in connection with these, we may expect to find there will exist some differences of opinion.

The idea that consumption is a contagious disease has always been maintained in the south of Europe—in Italy, Spain, and Portugal. Galen believed it, Morgagni believed it, and great names in the history of medicine, from their time to ours, may be found both for and against it. Pidoux, in France, declared that his own experience was directly opposed to this doctrine. Sir Thomas Watson thus expresses himself: “Is phthisis contagious? No; I verily believe not. A diathesis is not communicable from person to person. Neither can the disease be easily (if at all) generated in a sound constitution. Nor is it ever imparted, in my opinion, even by one scrofulous individual to another.”

On the other hand, Dr. William Budd long ago promulgated the view that pulmonary consumption was a disease “strictly analogous to the ordinary eruptive fevers in everything but the slowness of its progress; that, among European populations, tuberculous disease had undergone mitigation of its original severity by long prevalence; but he entertained no doubt of its eminently contagious character.”

During ten years of service in an institution devoted to the treatment of consumption, I saw over 27,000 persons who came to that institution for treatment, and a large proportion of that number were actually suffering from phthisis. I endeavored to obtain some data, as to the contagiousness or non-contagiousness of consumption. I followed the following train of reasoning: If consumption be a contagious or infectious malady, in the same

sense, and at all in the same degree as other maladies which are known to be contagious, the conveyance of the disease from husband to wife and from wife to husband, especially among the poorer classes, ought to be a common and not a rare occurrence. I collected the particulars of 1,055 cases of consumption that had come under my care, consecutively. Of this number, 621 were males and 434 females. Of the 621 males, 306 were married, 297 were single, and only 18 were widowers; about 8% of the whole, and about 6% of those who had been married. Of the 18 widowers, two only could state positively that they had lost their wives by consumption, and one of these wives had been dead 13 years; six of them had lost by consumption father, mother, brother, or sister, giving a presumption in favor of hereditary predisposition, and in ten no precise information could be obtained. Of the 434 females, 190 were married, 206 were single, and 29 were widows; the widows being about 7% of the whole, and about 15% of those who had been married. Of the 29 widows, five only were able to state positively that their husbands had died of consumption, one lost her husband "in a fit," six had lost father, mother, brother, or sister, by phthisis, pointing to hereditary predisposition, and 17 could give no precise information.

At the time I was collecting these particulars from my out-patients, Mr. J. P. Bartlett, acting resident medical officer, was good enough to obtain the following particulars from those who were in-patients. Of the 94 males in hospital with phthisis, 53 were married, 37 were single, and 4 were widowers; of these four, two had lost their wives by consumption. Of the 53 whose wives were alive, all the wives except two were healthy. Of the 83 females who were then in hospital with consumption, 62 were single, 15 married, and 6 widows; of the six widows, three had lost their husbands by consumption; in two of the three there was marked hereditary predisposition; in one there was none; in the remaining cases husbands were healthy.

Taking these figures for what they are worth, it seems certain that the communication of consumption from wife to husband, even among the class in which the conditions of life favor to the utmost the communication of contagious disease, is very rare; while it would seem that communication (assuming for the sake

of argument, the disease was really communicated) from husband to wife is more frequent.

About the time I was making these observations, Dr. Hermann Weber brought the subject of the communicability of consumption from husband to wife before the Clinical Society, and in his paper he states that he possesses the history of "68 persons, male and female, who, with a more or less pronounced consumptive taint, have married healthy partners. One or several of the partners of 10 out of these 68 cases became consumptive. The question, however," he says, "takes a different aspect if the originally tainted husbands and wives are considered separately. Of the 68 persons, 39 were husbands, 29 wives. Only one of the husbands of the 29 wives became diseased, while the wives of nine of the 39 husbands became affected. These nine husbands lost 18 wives, viz: one lost four wives, one lost three, four others lost two each, and three only one each."

One of Dr. H. Weber's cases is certainly very remarkable. A young man, who had lost his mother, two brothers, and a sister of phthisis, and who himself had twice had hæmorrhage from the lungs, had quite recovered, and married at 27, being then perfectly well. His first wife was in good health, and came of a healthy family. She died of consumption after her third confinement. The man shortly married again, an "apparently healthy woman," and this second wife, after a year of married life, died of "galloping consumption." He again married a healthy young woman of 25, belonging to "an exceptionally healthy family." During her second pregnancy, she developed symptoms of phthisis, which ran a rapid course, and ended fatally in about eight months. Undaunted, this man married a fourth wife, a perfectly healthy woman of 23, of healthy antecedents. Three months after her first confinement, she began to show symptoms of phthisis, and notwithstanding two sea-voyages, died after nine months, with tubercle in liver, spleen, and intestines, as well as in the lungs. Though the husband of these four wives, who was a sailor, remained in apparently good health, physical examination revealed the existence of morbid changes about the apex of left lung. It is possible that the life at sea kept his disease in abeyance; for, when he had to lie by on account of a severe fracture,

the disease became active, and he died of consumption within two years.

In Dr. Weber's second case, three wives in succession of a consumptive husband died of phthisis, the husband ultimately dying of that disease. The disease in the wives appeared during pregnancy, or soon after delivery. The story is repeated, with but little variation except as to the number of wives, in Dr. Weber's seven other cases. Altogether he had observed 39 diseased husbands, and the wives of nine of them became consumptive after marriage; but, as several of the diseased husbands married repeatedly, it would appear that, out of 51 such marriages, 18 wives became consumptive after marriage. As a set-off against this, out of 29 marriages between consumptive wives and healthy husbands, only one husband became consumptive. Another noteworthy observation of Dr. Weber's was, that in the infected wives the disease manifested itself in an unusually active florid form, and ran an unusually rapid course; while in the husbands it was chronic, stationary, and apyretic. The fact of the onset of the disease following or occurring in connection with impregnation and utero-gestation, as well as the fact of the immensely greater proportion of wives infected by husbands compared with that of husbands infected by wives, naturally provoked the suggestion that the latter became infected through impregnation and from the foetus *in utero*, just as constitutional syphilis is conveyed from husband to wife. But there is another hypothesis equally tenable, and perhaps more in accordance with modern research, which is, that, during the puerperal state, the female constitution is peculiarly prone to the reception and cultivation of the germs of infective disease: and, assuming for the sake of argument that the tubercle is propagated through the agency of an infective organism, the puerperal state may supply one of the conditions (such for example as we could conceive an increased body-temperature to supply) necessary for its cultivation and spread.

"Tubercle is an infective malady, originating in a specific virus, and propagated by the conveyance of that virus from body to body, and originating in no other way." It has taken many years to obtain for this proposition anything like general acceptance amongst pathologists and physicians. It is some years ago

(1865) since Villemin published the results of a series of methodical experiments, which he had undertaken. His method was to take a small portion of tuberculous matter, as big as a pin's head, from the body of a man, dog, cow, or rabbit, and introduce it under the skin of the ear, the groin, or the axilla, in rabbits and dogs. He found that the wound first healed over; but, after four or five days, the seat of the inoculation began to be red and swollen, and a tuberculous mass became developed there, causing an ulcerated wound. If these animals were killed after the fifteenth day from the inoculation, tubercles were always found in the viscera; in the lungs, they were usually abundant; grey granulations, as well as extensive infiltrated masses of tubercle, more advanced according to the length of time that had elapsed since the inoculation and cavities, were sometimes found; while at the seat of inoculation a caseous mass was usually found, surrounded by small yellowish granulations. The corresponding lymphatic glands were enlarged, and often contained scattered nodules of tubercle, some having undergone caseous degeneration. Cats and Guinea-pigs were readily inoculated; but sheep, goats, and birds escaped infection. He obtained the same results from injecting hypodermically the sputa of phthisical patients in very small quantities, mixed with water. Blood taken during the life of animals with phthisis gave negative results; but, taken after death from phthisical men, it readily produced general tuberculosis in rabbits. Chauveau, of Lyons, corroborated Villemin's results, by means of experiments on oxen, animals disposed to tuberculosis. He gave to oxen, by the stomach, tuberculous matter obtained from the human subject, or from other oxen, and they all became tuberculous, the lesions varying from trivial ones to the gravest possible.

#### WHAT THE PHYSICIAN OF THE FUTURE MUST STUDY.

Physiology especially has developed during the last fifty years, so that it has almost become a science by itself, but it still remains a part of the wider science of biology. Here again we see a difference between the studies of the ancient and modern physician. To-day, and still more in the near future, the physician must extend his studies beyond man, and the reason is

plain. Man, with whom alone the physician formerly supposed himself concerned, is but an isolated being disconnected from the rest of nature. Nature tolerates no such isolation. No living being, even the simplest, exists, or can exist, independently of other beings. It affects them and is affected by them, and what is true of the simplest is yet more true of the more complex, and most of all of man. Nature is one, and all her creatures are parts of the whole. For this reason man cannot be fully known merely as man, he must also be known as a part of the animal kingdom. No one can well understand human anatomy or physiology who knows nothing of that of the lower animals. Comparative anatomy and physiology have thrown very much light upon many obscure problems to which the study of man gave rise. Therefore, I would most earnestly urge upon all medical men the study of biology. It may be replied that the courses of study are now crowded, but it is certain that the successful physician of the future *must* know something of nature as a whole. Already many of our most important theories of disease—the structure of organs, cell-growth, cell-life, and many more—have come to medicine by biology. In an address before the International Medical Congress, held in London in August, 1881, Professor Huxley remarks that “the search for the explanation of diseased states in modified cell-life, the discovery of the important part played by parasitic organisms in the etiology of disease, the elucidation of the action of medicaments by the methods of experimental physiology, appear to me to be the greatest steps which have ever been made toward the establishment of medicine on a scientific basis. I need hardly say, they could not have been made except for the advance of normal biology. There can be no question, then, as to the connection between medicine and biological science. There can be no doubt that the future of pathology, of therapeutics, and therefore of practical medicine, depends upon the extent to which those who occupy themselves with these subjects are trained in the methods and impregnated with the fundamental truths of biology. And I venture to suggest that the collective sagacity of this congress could occupy itself with no more important question than with this: How is medical education to be arranged, so that, without entangling the student in those details of the syste-

matist which are valueless to him, he may be enabled to obtain a firm grasp of the great truths respecting animal and vegetable life, without which, notwithstanding all the progress of scientific medicine, he will find himself an empiric?"—PROFESSOR GEORGE H. PERKINS, in *Popular Science Monthly*.

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#### CORRESPONDENCE.

In answer to Dr. F. G. Oehme's question headed "Query," I will state that I use kali bich. or asterias rub. with success in many cases of *Acne*. I usually make use of asterias rub. when there are numerous small puncta with black points and small red basis, *i. e.*: extending over but little surface, and when the puncta are pressed, there oozes out a pin-worm looking substance. I think kali. bich. is adapted to a more extensive inflammation around the base, and the little pimples look more like little boils, and when pressed out the discharge amounts to a drop more or less of a muddy looking matter, which is always followed by a drop of blood.

M. J. BUCK.

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HYDE PARK, ILL., July 1, 1882.

EDITOR COUNSELOR:—In reply to Dr. Oehme's "Query" I will state that the remedies to me "most successful" have been sul., puls., nux vom., calc., phos., and *Eugenia Jambos*, as recommended by Dr. Guernsey. I am sure he will find the last a valuable remedy. (See "Clinique," vol. II., p. 278.)

W. S. GEE.

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The careful prescriber asks in every case to which medicines are applicable: Do the symptoms accurately fit the known pathogenesis of anything? instead of the beginner's query, What remedy is "good for" erysipelas, "good for" Bright's disease, "good for" cramps, etc., etc. Some physicians are always beginners, and because they do fairly well in practice, do not try to do *better*, but only *more*, work of the same crude kind. The conscientious physician will study all the provings he can lay his hands on, and write his own condensations and repertories of them, and *never* give a drug simply because he, or some one else, has found it useful in a like case before, but always because the symptoms agree with the pathogenesis. As a result he will give

only one medicine at a time, and as he watches effects carefully, will graduate his dose and his repetition so as to cure without aggravation. Then only will he merit the name of physician, and put himself in the line of true progress. The matter of writing one's own condensations and repertories with the accompanying habit of noting one's own verifications, is of the utmost importance; nothing else gives the prescriber so much confidence in making his selection of remedies. The habit of carrying a "little book," though it may have a little to recommend it to a very young beginner, or a forgetful old practitioner, is bad, chiefly because it narrows the field of vision and makes one forget other authorities; also it is not calculated to inspire the confidence of one's patients, who think they could do as well themselves if they had the "little book." Let us all be thorough students of *materia medica* at home, and we will succeed in almost every case abroad, leaving books to be consulted only in the office.

Erie, Pa.

EDW. CRANCH.

## THE USE OF AMMONIA IN BAKING POWDERS.

### ITS IMPORTANCE AS A CULINARY AGENT.

The recent discoveries in science and chemistry are fast revolutionizing our daily domestic economies. Old methods are giving way to the light of modern investigation, and the habits and methods of our fathers and mothers are stepping down and out, to be succeeded by the new ideas, with marvelous rapidity. In no department of science, however, have more rapid strides been made than in its relations to the preparation and preservation of human food. Scientists, having discovered how to traverse space, furnish heat, and beat time itself, by the application of natural forces, and to do a hundred other things promotive of the comfort and happiness of human kind, are naturally turning their attention to the development of other agencies and powers that shall add to the years during which man may enjoy the blessings set before him.

Among the recent discoveries in this direction, none is more important than the uses to which common ammonia can be properly put as a leavening agent, and which indicate that this familiar salt is hereafter to perform an active part in the preparation of our daily food.

The carbonate of ammonia is an exceedingly volatile substance. Place a small portion of it upon a knife and hold over a flame, and it will almost immediately be entirely developed into gas and pass off into the air. The gas thus formed is a simple composition of nitrogen and hydrogen. No residue is left from the ammonia. This gives it its superiority as a leavening power.



over soda and cream of tartar when used alone, and has induced its use as a supplement to these articles. A small quantity of ammonia in the dough is effective in producing bread that will be lighter, sweeter, and more wholesome than that risen by any other leavening agent. When it is acted upon by the heat of baking, the leavening gas that raises the dough is liberated. In this act it uses itself up, as it were; the ammonia is entirely diffused, leaving no trace or residuum whatever. The light, fluffy, flaky appearance, so desirable in biscuits, etc., and so sought after by professional cooks, is said to be imparted to them only by the use of this agent.

The bakers and baking-powder manufacturers producing the finest goods have been quick to avail themselves of this useful discovery, and the handsomest bread and cake are now largely risen by the aid of ammonia, combined of course with other leavening material.

Ammonia is one of the best known products of the laboratory. If, as seems to be justly claimed for it, the application of its properties to the purposes of cooking results in giving us lighter and more wholesome bread, biscuit, and cake, it will prove a boon to dyspeptic humanity, and will speedily force itself into general use in the new field to which science has assigned it.—*From the Scientific American.*

#### CHAT ABOUT BOOKS.

The latest three volumes of Wood's Library of Standard Medical Authors (Griesinger on Mental Pathology and Therapeutics; Kelsey on Diseases of the Rectum and Anus, and Ranney's Practical Medical Anatomy) cannot but please the subscribers of the series for 1882. Griesinger is the acknowledged leader of the German school of medical psychology, and has made valuable contributions to the literature of insanity; Kelsey's work deals with a subject which has, of late, received a very large share of the attention of the profession, and Dr. Ranney's "Anatomy" gives, even at first glance, abundant evidence of usefulness; it impresses one as being a practical book. We shall speak of these volumes, separately, and at greater length, in an early number of the COUNSELOR.

Boericke & Tafel's new illustrated work, "American Medical Plants," promises to be a work of the greatest usefulness, not only to practical botanist, but to the physician who sees the necessity of making of himself enough of a botanist to pick out from among the wealth of plants growing in every neighborhood, those which possess medicinal properties, and which he may be called upon to use, at any moment, for the relief of suffering. The beauty of the illustrations in this work consists not so much in the nicety of the "pictures" presented, as in their absolute fidelity to nature, both in coloring and accuracy. The different plants are drawn and colored just as they stand on the ground, in New York or in Ohio, in Michigan or in the far Southwest. The exact proportions of the different parts of the plants illustrated are carefully retained, and a painstaking comparison of the plates in all their details

with the living and growing original, gives assurance that the completed work will rank very high in artistic merit and in practical value.

The Michigan State Board of Health is doing a most excellent work in scattering broadcast a vast amount of useful literature. Its weekly reports form interesting reading, and if representing a still larger number of observers, might be used as the basis of valuable statistics. Many of the pamphlets distributed freely as application is made to the Secretary of the Board might well be reprinted in medical journals. The profession can hardly place too high an estimate upon the work done, and we hope to see the time when medical men in every State will do all in their power by active co-operation to increase the scope and the usefulness of such Boards in the different States of the Union.

Duncan Brothers have just issued a second edition of Dr. Chas. Gatchell's little book, "Doctor, What Shall I Eat?" and a volume, by Dr. Armstrong, on "Diseases of the Heart." The former is already known to the profession as an unpretending but none the less valuable companion in the sick-room; a hasty examination of the latter leads us to hope that it possesses a goodly measure of merit. We shall see!

Brigham's monograph on pulmonary consumption has just been issued from the press of Boericke & Tafel, and comes to us a tidy, neat-looking volume of some 250 pp. We have seen the growth of the manuscript from a very small beginning to its present size, and plead guilty to a prejudice in its favor. To avoid the probable consequences of such a bias of mind, we have gladly accepted the promise of a "specialist" to carefully examine the volume, and to give our readers the full benefit of his superior knowledge of consumption and of the merits of this treatise.

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#### A CARD.

The MEDICAL COUNSELOR Publishing Company, appreciating the value of the services of contributors to this journal, and desiring to show this appreciation in some tangible manner, take pleasure in announcing that they will ship, on January 1, 1883, one copy, bound in cloth, of Allen's "Symptom Register of Pure Materia Medica" (price, \$12.00) to the physician who shall furnish, by December 15, 1882, the most valuable contribution on materia medica. The award will be made by a committee of disinterested gentlemen, whose names will be given in due time.

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#### MEMORANDA.

L. D. Putnam & Co., of Grand Rapids, Mich., carry in stock a line of Boericke & Tafel's medicines, put up in original packages for use by physicians. Physicians in Western Michigan who desire these remedies can save time by sending their orders to L. D. Putnam & Co., 58 Monroe Street, Grand Rapids, Mich.

New York City has two hundred and seventy-three Homœopathic physicians.

Dr J F. Brown, of Leslie, Mich., has sold his practice to Dr. H. K. Bartlett, of Cleveland, O.

Dr. C. E. Fisher, of Corsicana, Texas, has been appointed U. S. Examining Surgeon for Pensions in his district.

Some one who has had experience in poisoning with "fly-paper" will confer a favor on me by giving composition with which the paper is poisoned, or its antidote.—*J. O. Flynn.*

"The Medical Counselor of July 15th came to hand in due time, and of all the numbers received I consider this superior; the articles are positive and practical."—*I. W. Greene, Norwalk, Ohio.*

The publication of *Walsh's Retrospect* has been suspended until January, 1883; duties connected with the National Vaccine Establishment, of which Dr. Walsh is Director, necessitate this temporary suspension.

The regular semi-annual meeting of the Central Ohio Homœopathic Medical Society will be held in the city of Columbus, on Thursday, September 7, 1882, beginning at 10 A. M. The sessions of the Society will be held at the State House, in the rooms of the State Board of Agriculture.

We learn that Dr. Sawyer, of Monroe, Mich., has donated to the Homœopathic Department of Michigan University his large collection of pathological specimens. They are the fruits of his surgical practice extending over twenty-five years, and are all mounted and framed in the most approved style. We congratulate the doctor upon his rare generosity, and the College upon its good fortune in securing such a prize.

**HOMŒOPATHIC MEDICAL SOCIETY OF MAINE.**—Officers for the ensuing year: President: S. E. Sylvester, Portland; Vice Presidents: W. M. Haines, Ellsworth; A. F. Piper, Thomastown; Recording Secretary: W. F. Shepard, Bangor; Corresponding Secretary: C. H. Burr, Portland; Treasurer: L. H. Kimball, Bath; Censors: Wm. Gallupe, Bangor; W. L. Thompson, Augusta; M. S. Briry, Bath; J. H. Knox, Orono; Geo. P. Jeffers, Bangor.

**REUNION.**—The Alumni Association of the Department of Homœopathy, University of Michigan, held its annual reunion at Ann Arbor, Mich., on June 28th, 1882. Thirty members were present. The officers for the ensuing year are: President: D. A. McLachlan, '79, Mich.; Vice President: F. H. Tyler, '80, Mich.; Secretary: W. H. Davis, '82, Ontario; Treasurer: E. A. Churchill, '82, Indiana; Orator: A. R. Wheeler, '79, Mich.; Alternate: J. C. Wood, '79, Mich.; Toast Master: R. C. Olin, '77, Mich. Suitable resolutions were adopted on the death of Dr. Warner, '79, and of Dr. Penniman, '81. Association adjourned for one year.

A. W. WHEELER.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

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## SURGICAL TOXÆMIA.

BY PROF. J. G. GILCHRIST, M. D., DETROIT, MICH.

(Continued from page 326.)

IX.

### ENVENOMED WOUNDS.

In studying surgery to-day, using all the aid afforded by scientific research in other departments of medicine, and with a fair acquaintance with the progress and state of knowledge of the times in which we live, the student is struck with the utter inadequacy of the knowledge of a past generation of writers, and with the apparent simplicity of the rationale of morbid action as understood to-day compared with the crude and mysterious conceptions of those who taught and wrote even twenty years ago. This simplicity, however, is only apparent, the more gross and material facts are better understood, our means for diagnosis are better, but our most careful researches lead us to a point where some perturbation or modification of force is evident as the controlling element in the scheme of morbid development, and we are led to question the value of a method of progress which leaves the germ and essence of cause undiscoverable. We have found pyæmia and tetanus, and did time permit we might include erythema and erysipelas, to be nearly related to septicæmia, and yet in what minute particular the development of one in preference to another consists, none can tell. We must add another distinct form of abnormality to those cited, with no better prospects of reaching a definite conclusion, viz: envenomed wounds.

The expression "poisoned wound," does not convey the idea of

a typical wound, or of a typical semeiology, considered subjectively. It is simply meant that the condition of wounding is complicated by the introduction of some poisonous element, the unantidoted effects of which will, at least, prejudice repair, perhaps destroy life. The number of agents usually considered by writers, under this head, are small, and the study necessitates a division of our subject into at least four parts, none of which can possibly receive the attention in this paper that the importance and magnitude of the subject properly demands. The arrangement would be as follows :

1. Chemical poisons.
2. Poisoning from altered natural secretions.
3. Poisoning from specific venom.
4. Poisoning from septic absorption.

1. There are certain wounds, usually inflicted with weapons designedly poisoned, but which, from their infrequency in this or other civilized countries, have never attracted much attention from surgical writers, unless it be in treatises on naval surgery. The instrument of inoculation is a knife-blade or arrow-head, steeped in some vegetable or animal poison, such as woorari, fresh pineapple juice, and other substances. Of course, the character of the symptoms and prognosis depend entirely upon the particular agent used, and cannot be given in the present instance, partly for want of time, and partly because it is somewhat foreign to our subject. For similar reasons, as well as ignorance of the matter, treatment must be dismissed in a very general manner. With knowledge of a particular poison in a given case, some theory can be formed as to the proper treatment to be pursued; in other cases, we are forced to rely upon the character of the symptoms and the rapidity of their development. If there is evidence of cardiac pulmonary depression, diffusive stimulants may be used; in many ways the character of the symptoms will give a clue to some line of treatment, which an intelligent practitioner may follow out even without the slightest practical or theoretical knowledge of the poison. In many cases, it would appear, more particularly when animal poisons are used, there is little doubt that the vitality, specific vitality of the poison, is in

direct proportion to its age. That is, when fresh, and for an uncertain length of time afterwards, its specificity may be premised; but sooner or later it becomes simple dead organic matter, septic material, and its introduction into the body results only in septic infection, the malignancy of which may unquestionably be materially dependent upon the climatic or hygienic surroundings. Such cases come more properly within our enquiry, but consideration may be deferred until we reach septic wounds.

Another class of wounds, coming under this head, are such as are purely accidental, in which some chemical poison has accidentally found lodgment. The symptoms attending such infection, if the term is a proper one, are precisely the same as when the poison is taken up by the absorbents through any of the viscera, as far as general symptoms are concerned. As to the local conditions, they are entirely dependent upon the character of the poison used, whether caustic or not. Consequently the accident is to be treated upon general principles, opposing the proper chemical antidote to the general symptoms, and treating the wound as any other wound would be treated. This form of poisoned wound, therefore, has no particular interest for us in the present instance, unless the devitalization of the tissues may furnish material for septic infection, when the consideration may properly be deferred to a later paragraph.

2. The commoner form of poisoned wound, perhaps, occurs from the bite of rabid animals, animals that do not possess a specific venom, but whose natural secretions are rendered poisonous by some vital change that is, at present, unexplainable. All animals, even man, seem to be exposed to this alteration in the secretions, but more instances have occurred from bites of rabid dogs than any other. There are many well-authenticated instances of mayhem, in which a portion of a nose or an ear have been bitten off by an enraged man, where the wound healed with such difficulty, and such constitutional symptoms were noted, so markedly different from those of ordinary contused wounds that they could not be explained upon any other hypothesis than the action of a specific poison. It will answer our purpose, in the present enquiry, to omit any account of the ordinary symptoms and cause of such conditions, believing them more or less familiar

to my readers, except so far as they may be of value in showing the connection between them and ordinary septic conditions.

The peculiarity observable in the literature of the subject, patent to all reflecting readers, is the fact that many cases are noted in which there is little, if any, evidence of incubation, and in which the conditions of infection are not all observed. Thus there are cases in which, within a few hours after receiving the bite of an apparently rabid animal, symptoms of poisoning come on. In others, the teeth pass through several thicknesses of clothing, and yet apparent hydrophobia occurs. Now it is well established that the bite of a rabid animal, one without a channelled poison-fang, and with no essential poisonous secretion, to be effective in producing specific effects, must be inflicted on an unprotected part of the body, otherwise the poison may be wiped off in the passage of the tooth through the clothing. When this condition is not fulfilled, although it does not secure positive immunity from infection, yet the presumption always obtains, that any symptoms thus appearing are not due to specific infection, but to tetanus, hysteria, or a septic state, which the character of the wound inflicted may well originate. As a matter of fact, there are not a few who consider hydrophobia a simple neurosis; others esteem it essentially hysterical; and still others consider it a form of septicæmia. There can be no question that there is an alteration of the normal secretions in rabid animals, or those in a state of extreme rage, that for the time imparts a truly specific poisonous character; it were folly to deny this. At the same time there can be little question that the danger is very greatly exaggerated, and so mixed up with old superstitions, that it is as yet extremely difficult to differentiate, at times, between tetanus, hydrophobia, and poisoning by strychnia. There is little doubt that many cases occur, even when the diagnosis is made by very careful observers, where there is no true hydrophobia present. Compare the chief characteristic symptoms with analogous ones in other affections. They are: dread of drinking, hypersensitiveness of the spinal senses, furious delirium, and violent muscular convulsions. They have all been found to exist, in some degree, in tetanus, and there may well be exaggerations of the clonic spasms, and other symptoms, to a degree sufficient to suggest hydrophobia, particu-

larly if there is a disposition to consider it such. Therefore, without daring to assume that *all* cases of hydrophobia are tetanus, we are justified in believing that many are, and as tetanus may represent an escape from septicæmia, so hydrophobia becomes germane to our present study. It is quite demonstrable, it would seem, from a purity of reasoning, that even when a given case is unquestionably hydrophobia, there must be a complication of septicæmia; it is even possible that the septic condition intensifies or renders operative the specific poison.

Want of time forbids any attempt at minute description of the symptoms of hydrophobia, my object being to show the relation to septicæmia, and the same considerations forbid extended remarks as to treatment; as to the latter we are all familiar with the record of bellad., hyoscyam., stram., and other legitimate homœopathic agents, and with the nebulous claims of the isopathists for hydrophobia. Dr. GRYZMAL, of Kriva (*Hahn. Month.*, XII. p. 590), has published the results of extended observations on the curative properties of *Xanthium Spinosa*, and tests made by others seem to warrant the hope that something nearly specific will be found to be its action. Hot vapor baths, chloroform, or other anæsthetic agents, have also a certain value, according to numerous clinical experiments, but the doubt always attaching to the diagnosis of hydrophobia must operate against a ready acceptance of the alleged results. Ligation, excision, or cautery, must be inoperative for various reasons, and the only certain prophylaxis will be confined to the complete extinction of dogs.

3. Leaving this, for the present, we come to the third class of poisoned wounds, the true envenomed wounds, those inflicted by animals or reptiles possessing a specific venom. The sources from which specific venom is derived are very extensive and somewhat various; the larger number are found in the reptile and insect species. Snake venom has been very extensively studied, in modern times chiefly by Dr. S. WEIR MITCHELL, of Philadelphia, the contributors to the classical *Thanaphidia of India*, and FAYRER and Dr. Higgins, of Central America. Hering, Neidhart, and others in our school, have studied the action of the venom of the crotalus and lachesis, chiefly as articles in our *materia medica*, and occasional study has been made of single



species by various contributors to our periodical literature, notably Dr. BILL, of the army, and other army officers, whose reports are to be found in the various circulars issued from the Surgeon General's office. From an analysis of these various productions, it would appear that there is not only great difference in the potency of the different forms of venom, but that some of them, particularly those derived from insects, should not be classed among the poisons at all, as they seem to be little more than irritants. Indeed, there are some who doubt the toxic qualities of any of the snake poisons, even from the most venomous of the species, preferring to attribute a fatal result to septicæmia, or tetanus. The preponderance of testimony would seem to indicate that, while the serpent venoms are undoubtedly poisonous, and specifically so, yet the amount injected into a single wound is too small to destroy the life of a mammal as large as man. Such is the opinion of Dr. J. H. BILL, as far as our American snakes are concerned, and his opportunities for observation are very extensive. Certainly there is so much of the marvelous mixed up with popular accounts of snake-bites, that little reliance can be placed upon some of the accepted antidotes. The old chronicles speak of numerous bites from serpents sustained by the early settlers in this country, but we do not read of any fatal results until many years afterwards. There being no poisonous snakes in England, no thought of poisoning occurred until the snakes were learned to be venomous; straightway remarkable cures began to be published, yet still there were few deaths.

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#### SURGICAL NOTES.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

##### EXTROVERSION OF THE BLADDER.

Dr. Henry M. Read, of Brooklyn, N. Y., had a case of a female infant six weeks old, who had protrusion of the bladder through the umbilicus, with loss of a portion, at least, of the anterior wall, but in which there was no failure of tissue in the median line apart from the umbilical deficiency. An operation was successful, except a minute opening in the centre of the cicatrix, through which a drop of urine would exude at times. The child lived to be over ten months old, dying from causes unconnected

with the original condition or the operation.—*An. of Anat. and Surg.*

CARBOLIC ACID POISONING.

Dr. Geo. R. Fowler, Brooklyn, N. Y., reports injury to the knee, in which the joint was laid open to secure a bleeding vessel, the operation being conducted "antiseptically." There was almost total suppression of urine, in seventeen hours there being but three drachms; in this quantity *two grains of carbolic acid were found*. The doctor does not hesitate to attribute death to this miraculous "vulnerary," and "antiseptic."—*An. of Anat. and Surg.*

CEREBRAL IRRITATION IN CHILDREN.

CLINICAL LECTURE BY M. J. SIMON, PARIS.—TRANSLATED FROM THE FRENCH BY T. M. STRONG, M. D., ALLEGHENY, PA.

GENTLEMEN:—I give this term to a neuropathic state characterized by a constant excitability of the mind, senses, and motion, without uniformity or steadiness, and which is unaccompanied by lesions or febrile movements sufficient to explain the conditions.

This nervous excitement, not transient as in night terrors, anger, and fear, is associated, on the one hand, with general health and a nervous temperament, and, on the other, with the most serious affections, of which it may be the prelude. It is an intermediate condition which merits a distinct place, for it appears in three distinct forms. It may arise and disappear without leaving any traces, or it precedes, and this is the most frequent, epilepsy, hysteria, sclerosis, and meningitis; or, finally, it accompanies the cerebral lesions of which it is the secondary complement.

Cerebral irritation is an affection of early age; after the sixth to seventh year, it disappears, or is transformed or changed to another degree.

I will take, as a typical case, the cerebral irritation independent of all lesions, or any disease. Children from three to five years of age, in whom the movements, steps, physiognomy, the senses, physical and moral sensibilities, intelligence, and disposition, present the easiest analysis, offer more prominent signs than those of an earlier age.

Our attention will first be attracted to the continual restlessness of the little patient. It moves in every direction without intermission or repose. It goes and comes, advances and retreats, or throws itself to one side almost at the same moment. At times it seems to receive an irresistible, but brief, impulse, then stops suddenly in order to take another direction, or climb upon some elevated object. It hangs on to the furniture, or sits upon the laps of strangers; it handles those who are around them, leads them here and there, pulls at them, and finally abandons them to follow another train of ideas and movements.

It gives no heed to remonstrances, or to the circumstances, or strangers surrounding it. It has a desire to move or change its position, while the muscles execute a series of indescribable movements which do not present the jerkings of convulsions nor the zigzag characteristics of chorea. You have seen children, who were suffering from cerebral excitation, enter this amphitheatre, make two or three steps in the proper direction, then suddenly advance towards the first corner, turning around at the slightest noise or the least luminous impression. In a room, in any gathering, or in a wagon, they cannot be left a second without seeing them perform the most inconsiderate acts, and oftentimes the most dangerous. It exists, according to the subjects, in different degrees, in all pathological states, and especially in nervous affections; in some, the excitation is moderate; in others, it is incompatible with life in general. This variation in degree extends naturally to all the symptoms which I wish to present to you.

The physiognomy shows a great number of incoherent ideas. The expression of the visage, although mobile, appears insensible; it is never gay and smiling. The eyes are restless, and seem to be always in quest of some object which is approaching or moving away. We notice the child watching lights and shadows, as if seen for the first time. It is evident that the little patient forgets his sensations as soon as—and in proportion as—they come to him, and that, not being able to fix them, he makes no effort to remember them. The plays and objects which are, or ought to be, familiar to him, remain always a source of new excitement. If he recognizes his parents or his nurse, he does not seem to remember the faces of the other members of the family, and even

after a few days absence, which would not allow of forgetfulness, he does not seem moved by the unexpected return or the new attention which is given to him.

Do not attribute this to the insensibility of the retina or the diminution of the visual functions. Brilliant or moving objects are still capable of exciting, pleasing, and attracting it, or causing alternate joy or fear. The trouble is then sensorial and cerebral. The same thing can be observed in the functions of hearing; noises, ordinary sounds, or music, distract or cause startings, frighten or quiet it. Sonorous impulses, like luminous ones, act with energy upon the nervous system, and return through reflex action.

As to the general sensibility, we have seen that it was more acute than in the normal state. Thus, under the influence of the contact of cold or warm bodies, stimulating frictions and Faradic electricity, we have seen an active agitation developed, and also an enervation and a marked insomnia. This is a fact worthy of your attention in the therapeutics of cerebral irritation. Cutaneous excitants and revulsives may produce *convulsive accidents*. Remember, then, that the general sensibility and reflex action are much more active than in the usual state of health.

You will not be astonished, then, at the extreme frequency of convulsions in the symptomatology of cerebral irritation. They appear under the influence of the most diverse causes, physical and moral. Sometimes a pain or a transient fever; sometimes emotion, joy, fear, or surprise; at other times a simple trouble of digestion, or even an impatience,—an unsatisfied caprice,—will produce eclamptic attacks, strong or feeble, severe or light, general or partial. It would take too much time if I should undertake to give a description of the several forms, or recall how the child, in the lighter forms, becomes stiff, bends forward, fixes the gaze, beats the eyes, assumes a grimace, or again shakes an arm, the head or neck, or suddenly lets fall his head or limbs. In some cases the light attacks are produced by an impulsive movement, a sudden removal, an act of violence, or a transient fit of anger; these attacks, of infinite variety, are of short duration, one to three seconds. They may be frequently repeated during the same day; under the influence of excessive cold, elevated

temperature, or atmospheric electricity, they may occur from two to three, or ten to fifteen times a day. The severe attacks come from time to time, according to the exciting causes, and occur from once to twice a day. The light forms have sometimes a long interval between the attacks, and lose their daily rythm. This is sufficient to show you the irregularity in their succession.

Some of the little patients brave the pain, governed by an unconquerable obstinacy, and tear the skin, strike the head against hard substances, and receive, without crying, the bodily punishments which, at other times, would produce spasms or severe attacks of anger. The moral sensibility is no better balanced; to the exaggerated tenderness or touching affection succeeds indifference, or the most hostile expressions. There are cryings, weepings, more rarely joyful exclamations, at every attention; and, at the least impatience, some cover their mothers with kisses, and give themselves up at the same time to an odious spitefulness. Their sentiments of affection lie very superficial. They cannot be ascribed either to the egotistic interest of the children, or to the sense of attachment.

Of a strange character, often sombre, these little patients do not offer anything in compensation; the fondness and simplicity which add charms to the mental qualities seldom appear. They are often passionate, violent, undisciplined, very rarely in good humor; their joyfulness and gayety are always accompanied with an unreasonable expression, which does not agree with the apparent causes.

Contrary to that which is observed in an idiot or imbecile, the child suffering with cerebral irritation is not wanting in mental powers; they seem to be accessible from certain sides, but there remains always a want of harmony. Thus the understanding may not be wanting, but it cannot be generalized and applied to a variety of ideas. We see certain patients who can retain figures in a wonderful manner, make calculations, comprehend a musical rythm, possess an excellent memory for useless notions, or those of little attraction, and yet not be able to fix the least attention upon, or remember the simplest association of, letters and words; in others, again, you will find the opposite, and the facility with which they learn to talk or read gives rise to illusory

hopes. They are not, however, able to make any intellectual efforts, and their forced distractions do not allow them to overcome this first obstacle. The constant superexcitation of the brain leads them to utter a number of words or ideas, sometimes repeating them indefinitely, in a high voice, and without reason. Their intelligence, in a word, is susceptible of little capacity, application, or development. Bright under some aspects, obscure in a great many, its natural faculties disassociated, and not connected by any natural lines, the mind does not shine, properly speaking, with any brilliancy, and even when it shows itself by unmistakable signs, it has always a tendency to decrease in time.

I do not intend to reproduce here all the peculiarities which are connected with this interesting cerebral irritation; this would be almost an impossible task. The sketches which I have given you will outline a picture which contains all the outlines, without embracing the tracings, nor all the shades.

I wish to furnish you with the proof, in affirming that the intellectual disturbance, infinitely variable, frequently regains the equilibrium which was wanting. Little by little we see the degree of excitement lessening, the power of the mental activity extending and strengthening, and order re-established.

The will of the little patient, generally firm, ceases very easily under the control of the diversions which are impressed upon the nervous system. You can suspend a voluntary movement, a gesture, or the conduct, by light, noise, or any other excitement directed towards the senses or the sensibility.

There are moments, however, as I have already said, in which the patients resist, voluntarily, all menaces. Nothing will stop them. Remonstrances or punishments excite them to a high degree. They throw themselves upon the ground, toss in every direction, strike against the wall, cry, and shout as if enraged. Like the insane, they seem to be indifferent to pain.

Their sleep is light, agitated, and broken. They are subject to frightful dreams and night terrors. During a short sleep, which they may be able to obtain, the agitation is continual. Their limbs twitch, are flexed and extended, and sometimes the jerking is as marked as though under the influence of an electric shock. They do not remain in one position for a moment.

This excitation or nervous perversion (notice well, for it is one of the principle elements of diagnosis), is not accompanied with paralysis, paresis, or anæsthesia. You will not find any symptom indicating a lesion. You can understand, then, that the irritation is developed under an abnormal circulatory activity, which is irregular, unequally distributed and under the influence of a most delicate organic sensibility, which implicates the harmony of the constitutive elements of the brain, but you cannot connect it with a lesion, even of the lightest.

A second point worthy of notice is, that the general health remains satisfactory. Aside from a slightly capricious appetite, occasional difficulties in digestion, or vomitings and constipation, the totality of the important functions is too little subject to observation. There is not, at any time, a fever, and this apyrexia constitutes a most important distinctive character. The cutaneous system of the little sufferers has often appeared to me to be subject to repeated severe attacks of itching, which are sometimes almost insupportable. I have seen often herpetic eruptions, prurigo, eczema, urticaria, and erythematous plaques, produced undoubtedly by the nervous excitation.

Such is the synthetic picture of cerebral irritation in children of the second age. We have reproduced the general characters of the affection, but we could not give, without occupying too much time, the thousand and one changeable, almost unrecognized, peculiarities of cerebral manifestations. In children at the breast, the symptoms would be reduced, naturally, to the most simple expression. The field of operation would be limited, since the ideas, conceptions, and movements, are in an incipient state.

It will be easy, however, to notice the condition of irritability in the infant. Light, noise, and movements, annoy it to an extreme degree. There is little or no sleep, vomiting is easy, convulsions may be severe or light in form, and there may be frequent and exaggerated reflex actions upon the system and organs, which are produced by the slightest causes. I have seen these little patients, seemingly very advanced in an intellectual point of view, understanding, at six months, connected thoughts, beating the measure, following, very accurately, the musical rythm of a favorite air, trying to express their joy, fear or will, by a mimicry

and vocal intonations, which showed an alarming precocity. I would add that these bright examples of a premature intelligence have no sequence, no connection, and they succeed each other with rapidity, and without apparent motive. In others, a muscular agitation alone predominates. We see them skipping around, or again twisting their bodies in every direction; they seem, by the perpetual movements of the face, limbs, and trunk, to be animated by a series of nervous stimuli, whose characteristics are persistency, rapidity of succession, and the anomaly that nothing prevents, quiets, or arrests them.

In infants, as in those of the first years, the cerebral irritation is apyretic, and without paralysis of the senses, sensibility, or motility. It is the same symptomatology as in the second stage of childhood. The senses, physical and moral sensibility, reflex and muscular action, far from being lessened, seem, on the contrary, to be of an exquisite irritability, which exceed the physiological influence.

What I have to say of the course, duration, and termination of cerebral irritation, can be given in a few words. It appears within the first weeks, or, at the furthest, in the earlier months of life. It continues for many years, presenting periods of light aggravations or grave intensity, under the influence of various causes. It may terminate, at the age of five or six years, in a complete cure, leaving behind it only the vestiges of a nervous temperament. More frequently, however, it is the prelude to a sclerosis, of which it is but the first stage. It is followed oftentimes by meningitis, epilepsy, or a weakened intellect. There is nothing in this which should surprise you; you cannot see this continual excess of activity without fearing such consequences.

*Diagnosis.* How can you distinguish the cerebral irritation of a simple, nervous temperament? The temperament, or nervous susceptibility, of a young infant, manifests itself from time to time, and on occasions which enter into the usual round of daily observations. In one, it is fever; in another, pain. Sometimes a bright object, oftentimes digestive troubles or toxic agents which excite the nervous system unusually, even to the point of producing frightening dreams, night terrors, convulsions, vomitings, anger, or cries. Although there may be in these cases a



want of proportion between the degree of cause and effect, yet there is always a relation and an explanation to account for it. The effect is, besides, as transitory as the cause producing it.

In cerebral irritation, the effects are permanent. They do not cease except during the rare intervals of an incomplete repose. The cerebral irritation extends over all the mental faculties. It appears spontaneously, without interruption or relaxation. The actions and movements succeed each other in perpetual disorder. If there supervenes a cause of excitement of the senses or the moral and physical sensibility, the existing excitement deviates from its actual direction, but does not cease in any degree.

I have described here a pathological modality *without lesion*, consequently without paralysis of any kind; *without fever*, consequently without an inflammation or general disease capable of explaining its origin.

You will not confound, then, what I have set forth under the name of cerebral irritation with sclerosis, cerebral tumors, hydrocephalus, cretinism, or the too early closing of the cranium, conditions in which the paralysis or anomalies in the size of the skull indicate a definite anatomical state.

You will see, sometimes, cerebral irritation developed in children attacked with sclerosis of the brain or cretinism, where the cranial sutures are prematurely closed, but in such cases, the affection depends upon cerebral or cranial lesions. You will determine easily the cerebral irritation, which is the corollary of a principal disease or lesion. It is provoked like neuralgia or any other neuropathic state, by different causes. We need not speak of that which does not exist alone. The contradiction is no more marked here than in the history of this or that organ. Finally, you will see cerebral irritation (a pathological state distinct from the nervous temperament or idiosyncratic irritation) manifested either independently, or symptomatic of cranial or cerebral lesions. When it appears *motu proprio*, it constitutes an interesting affection, the *prognosis* of which, always serious, can, however, offer chances of curability.

Even when it disappears, the result is always delayed. It is at the age of six or seven years. A fatal termination, however, may happen at its first appearance. It is, under such circumstances,

the *avant-courier*, the prodromal period of cerebral inflammation or meningitis, or it constitutes a field for the development of tubercular products.

*Causes.* I have already told you that this affection is developed soon after birth, and is transformed or effaced towards the age of six to seven years. Before the appearance of the intellectual faculties, the babe seems simply nervous, restless. Later, it becomes evident that the stage of excitement does not cease, and that a marked want of harmony presides over the intellectual development of this little being.

Heredity is one of the most frequent causes. In tracing back the paternal or maternal lines, we meet with nervous states, hysteria, idiocy, and dementia. Inveterate alcoholism and syphilis in the parents constitutes an undoubted etiology. I know of several cases of this kind. So far as syphilis is concerned, I must explain to you the facts which have been presented to me. In one case especially, I have been able to follow with some certainty the connection between cause and effect. The child was born at full term, and was well-nourished. There was no appearance of syphilis. The mother was healthy, but the father had had syphilis, which still showed its effects in an intermittent manner. The first child had died, soon after birth, from an acute and malignant syphilitic affection. The second child was conceived at the time of active treatment, which probably preserved it from a severe attack of the disease. But, after having been a subject to an insupportable excitation in the first and second stages of childhood, it became more quiet, and lost, little by little, the brilliant characters of certain cerebral faculties. It was a backward pupil. The aptitude for figures, the memory of places, or dates of events which occurred amidst the scenes surrounding it, soon faded away. This child to-day, at 18 years of age, is dull, speaks with difficulty, is unfitted for intellectual work, and conscious himself of his inferiority. He cannot undertake any continued work without suffering from headache, and an unconquerable somnolency. After an agitation, exercise or conversation, he appears indolent, inactive, and stupid. Although he has had convulsions frequently, there is no paralysis or contractures, no persistent functional troubles, except the extraordinary failure in the mental

faculties. In brief, having been attacked with symptoms of cerebral irritation, with frequent convulsions, but without paralytic phenomena, he has fallen into the mental depression which follows a long continued epilepsy. The father died at an early age from cerebral lesions, due to the syphilitic poison.

After heredity, syphilis and alcoholism, more frequent than we imagine among the rich and well to do, come the occasional causes which depend on the surroundings in which the children are raised. The sojourn in large cities, in the midst of families who are constantly on the move, or in trouble, and living a life of constant excitement, favors the appearance of a congenial disease, which needs only a pretext to speedily develop. I have seen babes, who were simply nervous during the time of nursing, become neuropathic at the age of two years, when leaving the quiet of the nursery and entering the family circle, where they were taken to the table, into the drawing-room, and amidst social reunions.

The unfortunate habit of making children an object of distraction, and of vanity, goes along with other causes connected with a large number of infantile diseases. I allude to the exciting food given at the pleasure of the parents. Among the poor, as well as the rich, young children partake too often of the repast of the family, and make use of tea, coffee, liquors, or indigestible food, all habitual sources of convulsions and light mental disorders. This infraction of the laws of hygiene has found already a place in the history of dyspepsia, diarrhœa, and convulsions, but it was necessary to mention it here as an occasional cause. Remember, then, that if an infant which is already very impressionable or excitable, is surrounded with stimulating agents, it will soon pass beyond the limits of a nervous temperament, of which the manifestations are accidental, in order to pass into the neuropathic state, which I have described under the name of cerebral irritation.

Of the treatment presented by the writer, it will not be necessary to say but little. After referring to the hygienic care necessary, in avoiding excitement, indigestible food, etc., he refers to the following remedial agents, and gives indications for their use: Magnesia, manna, rhubarb, and the usual laxatives; tepid or

cool baths; the bromides and the bromohydrate of quinine, valerian. He gives the preference to the bromides over valerian, opium, codeine, conium, and aconite. The use of revulsives he has, to a great degree, abandoned, and advises the use of a cataplasma sinapis, or dry cupping on the posterior region of the neck, or on the back. He closes as follows:

It will be better for you, as a rule, to concentrate your attention upon the remedial agents previously mentioned. In a certain number of cases, you will see the irritation lessen, and finally cease; in others, and the greater number, sclerosis, meningitis, or tubercular meningitis, will follow.—*Le Prog. Med.*

[Among our own remedies, the following deserve a careful study and comparison: Acon., æthusa, apis, arsen., bry., calc. c., caust., cham., cina, coffea, cuprum, gels., helleb., hyos., ign., nux, puls., sulph., zincum.—T. M. S.]

### THE ARTIFICIAL FEEDING OF INFANTS.

BY ARTHUR A. CAMP, M. D., MINNEAPOLIS, MINN.

What shall we give those babies to eat who, from some reason or other, are deprived of their mother's milk, and for whom a suitable wet nurse cannot be obtained? This is a question we must all answer. Some of us have answered it many times, only to see the babes that were given to us at their birth, plump, fat, and healthy, dwindle, become marasmic, and perish. And we never want to see it again. Of course, there are the different Infants' Foods, and when we have read the circulars surrounding the packages, we think surely we have found, at last, that for which we have been seeking. Perhaps the last one tried will do well for a time, and perhaps it won't. Diluted cow's milk answers well for some children; again, condensed milk will sometimes agree where cow's milk fails of assimilation. And we have seen, every one of us, children who were raised on perhaps each one of the different foods. This is all well enough, as far as it goes, but what agrees with one baby will not agree with the next we try.

By far the most prolific cause of cholera infantum is starvation. An unkind word to apply to our treatment of our patients, and sometimes of our own children, but what does the marasmus depend upon—unless there be some specific taint in the child—

except malnutrition, caused by the absorbents not being qualified to take up the cheese (caseine) and starch, or cheese *or* starch, which enter so largely into the composition of our Infants' Food? If that is not starvation, then we may call it one of the mysterious dispensations of Providence, fold our hands, and proceed to dispensate the next baby in the same way. Probably, within the past year, no single series of analyses has been productive of so much astonishment and just indignation as has that of Dr. Ephraim Cutter, whose microscopic examinations of samples of the so-called Infants' Foods, has shown the presence of starch in every one of them, and the infrequency of gluten.

We have known from our boyhood, that the average infant under three months could not digest starch, owing to its inability to convert the starch into sugar; and yet, how persistently have we been at work producing intestinal diseases, and indigestion, in the little ones, by feeding them substances they could not possibly digest, and then trying to remove the pathological condition, which we have so artfully produced, by our remedies, with more or less success. *More*, if we change the food to something digestible, and *less*, if we continue to starve the child.

In many instances a crust coffee, with a little milk added to it, will make a better diet for a very young babe than the Infants' Foods, considered as a class.

The elements for sustaining life are undoubtedly present in every one of them: for good wheat is their basis. But the stomach of the young infant is not capable of extracting those elements, and appropriating them for its needs. Beans are an excellent and nutritious article of diet, rich in starch (55.7), albuminous matter, a substance similar to caseine in milk (25.5), fatty matter (2.8), cellulose (2.9), mineral salts (3.2), water (9.9), and are capable of sustaining life in an adult, if properly prepared for his assimilation.

But it would be as much an act of folly to give raw beans to a man and expect him to thrive on the treatment, as is our daily practice of feeding our little ones on starch and cheese, and expect them to thrive. In both instances the *elements* of nutrition are offered, but the parties to whom they are offered are simply unable to appropriate them. If our babies were properly fed, I

doubt if we would hear so much of the process of *teething*. I don't believe the eruption of the teeth is the *ab initio* cause of their troubles at this particular period. If the babe was well-nourished, and free from gastric and intestinal derangement, I think that, ten chances to one, the teeth would come through without causing the troubles which are commonly laid at dentition's door.

I make this statement, knowing full well the value of heat in producing colitis and entero-colitis, and also knowing the prevalence of those diseases during the heated term, in comparison with the prevalence during winter, and think that, on reflection, my statement will bear criticism.

Now, having said as much against our system of starving infants with starch and caseine, it may reasonably be asked, what have I to suggest to take the place of the usual methods? Simply this: We must first notice the difference between the chemical composition of human milk and cow's milk:

	WOMAN.	ASS.	COW.
Casein.....	2.7	1.7	4.2
Butter.....	3.5	1.8	3.8
Milk Sugar.....	5.0	4.5	3.8
Salts.....	.2	.5	.7

These numbers show that, by the removal of one-third of the caseine from cow's milk and the addition of about one-third more milk sugar, a liquid is obtained which closely approaches human milk in composition, the percentage amounts of the four chief constituents being as follows:

Casein.....	2.8
Butter.....	3.8
Milk Sugar.....	5.0
Salts.....	0.7

Now, in "Frankland's Experimental Researches in Chemistry," p. 843, we find the following mode for preparing an *Artificial Human Milk*. The recipe is of sufficient value to be used by Prof. W. S. Playfair, and he recommends it with confidence:

"Allow one-third of a pint of new milk to stand for about twelve hours, remove the cream and add to it two-thirds of a pint of new milk, as fresh from the cow as possible. Into the one-third of a pint of skim-milk, put a piece of rennet one inch square. Set the vessel in warm water until the milk is fully curdled, an

operation requiring from five to fifteen minutes, according to the activity of the rennet, which should be removed from the milk as soon as the curdling commences, and put into an egg-cup for use on subsequent occasions, as it may be employed daily for a month or so. Break up the curd repeatedly, and carefully separate the whole of the whey, which should then be rapidly heated to boiling, in a small tin pan, placed over a spirit or gas lamp. During the heating, a further quantity of caseine, technically called 'flutings,' separates, and must be removed by straining through muslin. Now dissolve 110 grains of sugar of milk in the hot whey, and mix it with two-thirds of a pint of new milk, to which the cream from the other third of a pint was added, as before described. The artificial milk should be used within twelve hours of its preparation, and it is almost needless to add that the vessels employed in its manufacture should be kept scrupulously clean."

I have copied this formula from Dr. Playfair's work, "The Puerperal State." Dr. H. C. Gill, in the last number of the *Medical Record*, p. 206, has got the same idea, but he expresses it in a little different manner. He advises the addition of 10 grains of pepsin to the quart of milk, which must be put on the stove until it curdles, when the curds must be thoroughly broken up, strained through muslin, and the whey sweetened with sugar to the taste of human milk. Dr. Gill's article is an excellent one, and will well repay perusal *in toto*. (See *Med. Rec.*, Aug. 19, 1882.)

Dr. Frankland's formula, as quoted by Prof. Playfair, is evidently more accurate than Dr. Gill's method of preparation, because it abstracts exactly one-third of the caseine in the given amount of milk. Also, I prefer the sweetening with sugar of milk to using the ordinary cane-sugar, as being less liable to sour in the child's stomach.

I think perhaps Dr. Gill's method of using pepsin as a coagulant will be followed in preference to the rennet, as being more easily obtainable.

### CONTAGIOUSNESS OF PULMONARY CONSUMPTION.

(Continued from page 346.)

Other experimenters (including Drs. Burdon Sanderson and Wilson Fox, in this country) soon opposed other views to those

of Villemin and Chauveau. They state that, in order to produce tuberculosis in rabbits and Guinea-pigs, it was not at all necessary to inoculate these animals with tuberculous matter; and they might be rendered tuberculous by other means. They stated that, in the Guinea-pig and some other animals, tuberculosis might be produced by inoculation with pus, or with caseous matter of inflammatory origin, or with sarcoma, just as well as with tubercle; that, in the Guinea-pig, tuberculosis had been produced by the application of a single seton; and that, in the rabbit, deep wounds, without inoculations of any sort, would produce pulmonary tuberculosis. Wilson Fox, in his experiments on Guinea-pigs, introduced under the skin various substances—portions of putrified muscle, fatty liver, and even vaccine virus, with the same result; and it was maintained by others, that such substances as aniline blue, cinnabar, caoutchouc, cotton, etc., caused similar effects; and that carnivorous animals might be fed long on tuberculous lungs without the production of tuberculosis. Then it was said by others that the lesions produced by Villemin were not tubercle at all, but simply inflammatory lesions, or embolic infarcts; and some went so far as to say, it was impossible to produce tuberculosis experimentally. At the same time, Chauveau, Klebs, and Boellinger, maintained the correctness of the experiments and views of Villemin.

Three medical men of Syra (in Greece), in 1874, inoculated a man of 55, with tubercle. He was suffering from gangrene of the left great toe, due to obliteration of the femoral artery, and was in a moribund state. They inoculated some of the sputa of a phthisical patient into the upper part of the right leg. The lungs were previously examined with great care, and found to be perfectly sound. Three weeks later, there were signs of commencing induration at the right apex. On the thirty-eighth day of the inoculation, the patient died of gangrene. At the necropsy, there were found, at the apex of the right lung, 17 small tubercles, varying in size from that of a mustard-seed to that of a lentil. Two similar tubercles were found at the left apex—two others on the convex surface of the liver. The authors of the experiment considered the embryonic state of the tubercles, and their limited number, to correspond with the short space of time that had elapsed from the inoculation.



Tappeiner and others have shown that animals could be rendered tuberculous, if tuberculous matter (such as the sputa of phthisical patients) were diffused in spray in the air which they breathe. It has also been stated by Prof. Gerlach that, in the variety of tubercular disease which affects oxen, the infection can be introduced by the stomach, if portions of the tubercular organs be mixed with the food, or if the healthy animal be fed with milk from the animal which has tubercle (Simon: *Proceedings of International Congress*). Now, as tubercle is a malady which is very common among cows, this observation is one which may have a vast importance in connection with feeding of young children. Cohnheim has also made numerous observations on the infective nature of tubercle.

But some of the most instructive and conclusive observations and experiments on this head are those of Dr. Hippolyte Martin, of Paris. They are related in the *Revue de Medecine* for April of this year; and also in the *Archives de Physiologie* for 1881. The object of his original experiments was to show that inoculation with true tuberculous matter was alone capable of producing true, general tuberculosis, and that all the lesions produced by the introduction of foreign bodies of non-tuberculous nature were not true tubercle, but what he terms false or "pseudo-tubercle." But he insists that it is of prime importance that all these inoculations should be performed with strict antiseptic precautions; and that if, perchance, the inoculation of non-tuberculous foreign substances have been followed by an eruption of true tubercle, it is because these precautions have been disregarded. He also points out that the anatomical structure of the true and false tubercle, as revealed by microscopical examination, is identical, and that the only means of distinguishing between them is by inoculation *in series*—by a series of successive inoculations. True, infective tubercle is reproduced in an indefinite series, producing always a general tuberculosis as a consequence of local infection; the infectious properties becoming, if anything, more energetic as the series is prolonged. The same method proves the absolute innocuousness of false (pseudo) tubercle. Dr. Martin tested the effects of injecting irritating animal and vegetable powders, such as cantharides, lycopodium, and pepper, into the peritoneal cavity

of Guinea-pigs. In one instance, he injected 60 centigrammes of lycopodium diffused in water into the peritoneal cavity of a Guinea-pig; the animal died four months afterwards of general adhesive peritonitis, but all the viscera were healthy. Into the peritoneum of another Guinea-pig he injected a large quantity of powdered cantharides mixed with water; nine months after the injection the animal was quite well. His next experiments were with fragments of morbid growths, non-tuberculous. Four pieces of a cubic centimetre each, were cut from an epithelial tumour freshly removed from the neck of the uterus; two pieces were placed in alcohol, and two pieces in bichromate of ammonia. After a week, the two preserved in alcohol were introduced into the peritoneum of an adult rabbit, and rather more than three months afterwards the animal was killed; both fragments were found encysted in different parts of the peritoneal cavity; all the viscera were healthy. The two other fragments were introduced into the peritoneum of another rabbit, and about a month later the animal was killed, and the fragments were found enveloped in a fold of omentum, their angles rounded, and absorption evidently commenced. All the viscera were healthy.

In another experiment, two pieces of a sarcoma of the testicle, freshly removed, were immediately introduced into the peritoneal cavity of a Guinea-pig; about a month later the animal was killed, and no trace of the foreign bodies was to be found, and all the viscera was perfectly healthy. The same experiment was repeated with portions of mammary carcinoma, on a large and strong female Guinea-pig in a state of advanced utero-gestation. She was confined with two healthy little ones a few days after, and when killed two months afterwards, two free masses were found in a cyst in the abdomen, wholly caseous, and dry like crude tubercle. All the viscera were healthy. The same kind of results followed the introduction in the same manner of a piece of the femur of a rabbit, with periosteum and some fragments of muscle adherent; half the tibia of a new-born infant that died of erysipelas; three squares of a hard pear; two squares cut out of a ripe apple. In one of these cases, about six weeks after the operation, the two pieces were found surrounded by yellow pus in a large vascular cyst. There was no peritonitis; the viscera

were healthy. The next experiment is very significant. In the centre of a large sarcoma removed from the thigh of an infant, there was a large completely caseous nodule, a portion of this caseous matter, weighing 50 centigrammes, was introduced into the peritoneal cavity of a rabbit, with careful antiseptic precautions. A year afterwards, the animal was in perfect health. These experiments prove conclusively that those observers were certainly in error who asserted that almost any kind of foreign body—animal or vegetable—would produce tuberculosis in Guinea-pigs.

In other experiments, Dr. Martin has shown that foreign bodies having irritant properties, non-specific, may set up inflammation, the pathological products of which may have a complete anatomical resemblance to true tubercle, no distinction being possible by microscopical examination; and he has obtained by means of cayenne pepper, lycopodium, and cantharides, the finest specimens of pseudo-tubercle; but these lesions, in spite of their special anatomical structure, have no specific virulence. He had repeatedly injected, with antiseptic precautions, the caseated inflammatory products of such experiments, and always failed to produce an eruption of tubercle. He insists strongly on the necessity, especially in a pathological laboratory, of these antiseptic precautions. All the instruments should be washed in alcohol and heated in a flame; and before each operation all parts of the syringe should be taken to pieces and treated in the same way. On the other hand, pus from a scrofulous gland in the neck, as well as scrofulous products not yet degenerated, not caseous, inoculated immediately after surgical removal, produced a series of cases of generalized tuberculosis.

Dr. Martin's experiments completely established the following conclusions: 1. Tubercle, inoculated locally, determines, after incubation, the formation of a local tubercle, and after a variable time, general tuberculosis; and the virus seems to acquire increased activity by inoculation in series of animals of the same or allied species. 2. But, if we inoculate matter obtained from those tubercles secondary to the injection of non-tubercular foreign bodies, they never give rise to general tuberculosis; and after two, or, at most, three terms of the series, they even lose the power of producing a local inflammation, and become absolutely

inoffensive. Here, then, he remarks, we have two inflammations; one specific, infective, and truly tuberculous; the other non-specific, non-infective, and not true tubercle; but both having the same anatomical structure, and the former differing from the latter by the presence of the properties of a morbid agent at the present time unknown. It is this "unknown morbid agent" which Koch believes he has made known to us and shown us—an agent which the microscope had failed to discover until those special methods of preparation were employed which Koch has had the honor of discovering.

So, then, the proof of our first proposition seems complete: that "tubercle is an infective malady, originating in a specific virus, and propagated by the conveyance of that virus from body to body, and originating in no other way." And Koch's experiments appear to have proved the truth of the second proposition: that this "virus" is the property of a micro-organism peculiar to tubercle, and which may be called the tubercle-bacillus. The tubercle-bacilli appear as "delicate rods from a quarter to half the diameter of a blood-corpuscle in length"; they have been found "in large numbers in all places where the tubercles are of recent formation and spreading rapidly, more especially at the border of the cheesy masses." They possess a special relation to the giant-cells, being found in their interior sometimes to the number of 20 in each cell. They do not appear to possess any power of movement. In some of the rods, oval spores have been seen. They have been seen in the human subject in cases of miliary tuberculosis, in cases of caseous broncho-pneumonia, in tubercle of the brain, in intestinal tuberculosis, in freshly extirpated scrofulous glands, and in certain cases of synovial degeneration of joints. "It was found that these bacilli required a temperature approaching that of the human body for their growth." Minimum temp.  $86^{\circ}$  F., and the maximum of  $104^{\circ}$ , are the limits between which they can develop and multiply. This disposes of the first and second propositions, and brings us to the third, viz: "that certain forms of disease termed scrofulous are essentially tuberculous."

Both the experiments of Koch, as well as those of Dr. Hippolyte Martin, go to establish this proposition. I have just said

that Koch has found the infective bacillus of tubercle in freshly extirpated scrofulous glands, and in certain cases of (scrofulous) degeneration of the synovial membrane of joints. And Dr. Martin has obtained a series of cases of generalized tuberculosis, by successive inoculations in Guinea-pigs; the original inoculations being in one instance from a small collection of pus found, after death, in a firmly-encased submaxillary gland of a child, who had died of measles and broncho-pneumonia without any trace of tubercular disease, but with well-marked clinical characters of scrofula; and in another, from non-degenerated (non-caseous) scrofulous products, a few instants after surgical removal.

Dr. Martin suggests, however—and the suggestion seems to be a sound and practical one—that scrofula is, perhaps, not a distinct morbid type, and that some of its manifestations must be included under the class of tuberculous diseases, and that others belong simply to the “lymphatic constitution”; that the possession or non-possession of the property of infection, capable of being transmitted through a series of inoculations, affords the only elements of a certain diagnosis, or, as Koch would probably say, their presence, in their characteristic anatomical elements of the tubercle bacillus. The fourth proposition, that pulmonary consumption is, in the main, a tuberculous disease, will no doubt be stoutly opposed by many. At present, this proposition rests on the observation that fresh caseous matter, as well as the grey granulations found in the lungs of phthisical patients, are infective, and contain in the anatomical elements the tubercle-bacillus, and that the sputa of phthisical patients are infective; whereas the caseous degenerated products of ordinary inflammation are not infective (in series), and do not contain the characteristic micro-organism. But it is not denied that the chronic inflammatory changes may be produced in the lungs by the entrance of various irritating foreign particles, and that these changes may in time produce fatal injury to the organs of respiration; it is, however, suggested that these cases should not be spoken of as phthisis, but as forms of chronic pneumonia.

In conclusion, we again come to the fifth and last proposition, the proposition with which we started, that pulmonary consumption is a contagious malady. It is impossible to over-estimate the

importance of establishing the truth or error of this proposition. It is one of those questions which can scarcely be cleared up without prolonged and repeated investigations. There are, moreover, many matters of daily concern connected with this investigation; the way, for instance, in which consumptive patients should be tended and nursed; the propriety of massing together a great number of consumptive patients in the same building; the propriety of allowing healthy persons to breathe air contaminated by the breath of such patients; the mode of dealing with their expectorations; the kind of medical, climatic, or other, treatment best suited to the arrest and cure of the disease, regarded as an infective malady; the marriage of consumptive patients. Supposing consumption to be, under certain conditions, a contagious malady, there seems to be, *prima facie*, some ground for believing that one of those conditions may be that of temp.—the temp. of the body or the temp. of the external air. I have already mentioned that in the South of Europe consumption has always been looked upon as a contagious disease. May this not be owing to the relatively higher temp. of these regions? And we naturally associate with this reflection Koch's statement that the tubercle-bacillus requires a temperature above 86° F. for its propagation. I content myself at present with simply pointing to this question of the influence of temp. upon the origin and propagation of consumption, as one which requires careful investigation. Finally there is the pressing question of the possibility of conveying tuberculous disease to children by feeding them with the milk of consumptive cows.—I. BURNEY YOE, M. D., F. R. C. P., in *Brit. Med. Journal*, June 17.

### THE CLINIQUE.

#### CASES OF DIARRHŒA TREATED BY THE "OLD MASTERS."

(Continued from page 333.)

*Rheum*.—This remedy is indicated in sour diarrhœas, thin, slimy, fermented (compare ipecac), frequently in children who complain of belly-ache, are uneasy and draw up the limbs, with salivation, pale countenance (chamomilla when the face is red); the child often smells sour in spite of all bathing; if rheum does not cure, and the pains continue severe, give chamomilla; and if

the latter is not sufficient, the pains growing less while the weakness continues, and the abdomen is bloated, give sulphur.—*Hering*.

CASE: A woman, two days after confinement. Symptoms: Exceedingly violent diarrhoea, with very severe colic, tenesmus, chilliness alternating with heat, very great thirst, general perspiration, marked weakness, restlessness, expects to die. Rep.: Rheum. 9th. She soon fell asleep, and had no return of the trouble.—*Tietze*.

*Secale corn.*—Acts with particular promptness when there is a slimy coating of the tongue, flat taste in the mouth, and much rumbling in the bowels.—*Rummels*. In stubborn diarrhoeas, with an utter prostration of vitality, I have often seen *secale* act with great promptness.—*Lobeth*. During the hot summer months (August), we had many cases of diarrhoea. Generally, they occurred without pain, but caused much exhaustion. Quite often food passed off undigested; but usually the stools were merely watery, at times yellow, occasionally also green, were expelled forcibly, and with escape of much flatus. If stopped at once, then a paralytic weakness of the sphincter ani made its appearance, and the patients could hardly ever reach the vessel or closet without having a partial stool. *Secale cornutum* proved specific.—*Gross*.

CASE: A man, who had been exposed to the cool night air, experienced the following symptoms: Uncomfortable fullness in the lower abdomen, with darting pinchings in the upper abdomen, as from incarcerated flatus. Awakens in the night from violent cutting pains in the abdomen, which dart like flashes of lightning through the intestines; uneasy, anxious tossing about, interrupted by a few moments of unrefreshing sleep. At day-break (heretofore the anus had felt firmly contracted), the bowels moved every few minutes; the stools consisted of watery faecal matter, and each one of these movements was preceded by painful cutting in the bowels. Rep.: *Secale* 30th, after each passage. By noon the pain had disappeared, on the following morning the stools were normal.—*Gross*.

CASE: A boy, aged five months, who had been weaned, has had diarrhoea for twenty-four hours. Symptoms: Every hour a

watery evacuation, preceded by crying; free admixture of mucus with the water, rarely streaks of blood; he vomited twice; whitish coating on the tongue; great restlessness and sleeplessness; dry, hot skin; heat of the surface of the body. Mercurius did no good; the diarrhœa increased; dulcamara failed to relieve; the child now cried constantly, there was dry heat, constant craving for water, the features were distorted, utter prostration; veratrum was given, but accomplished nothing. The eyes now were surrounded by dark rings, the features strangely distorted, eyes lustreless, the muscles about the lower jaw and upper neck appeared contracted, the ears were cold; the abdomen showed no bloating, and there was no sensitiveness to pressure. Rep.: Every half-hour a teaspoonful of a solution of three drops of secale (five drops of the mother-tincture in 100 drops of alcohol) in three ounces of water. After a few hours the watery stools became yellow, bilious, and the bowels moved only once in every two hours. He slept some, the vital forces rallied, surface became moist, the thirst disappeared. Cured on the third day.—*Griesselich*.

*Sepia*.—*Sepia* acts curatively in chronic diarrhœa, particularly of women, and especially when the following symptoms are present: leucorrhœa, hysteria, in its various forms and expressions, at times flashes of heat, frequent shiverings, especially at stool, the entire countenance expresses a derangement of the reproductive system.—*Tietzer*.

*Sepia*, in a high potency, cured a young lady who had, for several years, suffered from a peculiar painful diarrhœa, which had led to great emaciation and weakness, so that she scarcely looked like herself, and to serious nervous disturbances; she had previously been under medical treatment, and had taken the baths without receiving benefit.—*Tietzer*.

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### CORRESPONDENCE.

#### REPLY TO T. F. P.

The address delivered before the Maine Hom. Med. Society was not, as T. F. P. seems to imagine, a defense of eclecticism. On the contrary, the writer expressly repudiated the pathological basis of prescribing, and admitted, to its fullest extent, the claim



that in all purely medical cases the totality of the symptoms furnishes the only reliable data for the selection of the remedy. He did assert, however, that the *materia medica* does not contain the whole of medical science, and in spite of the doctor's fierce assault, "is of the same opinion still."

T. F. P. expresses great indignation at the bare suggestion that graduates of our colleges, "at this late period in the history of our progress," are not thoroughly versed in all branches of medicine. Within the past two years the writer has met one physician who could not distinguish scarlet fever from measles, and another who diagnosed emphysema of the neck as a scrofulous swelling. Both were graduates of our leading colleges, and possessed the "certified evidence" of "their entire fitness to meet *all* requirements"! Just as long as preceptors like T. F. P. teach their students that knowledge of pathology and diagnosis makes "only the showy, not the successful physician," just so long will homœopathy be disgraced by similar displays of ignorance, despite the best directed efforts of our college professors. It was not claimed that intimate acquaintance with pathology was the only thing required, nor are we willing to admit that knowledge of *materia medica* alone is all-sufficient. Each is incomplete without the other; combined, they furnish the elements of professional success.

If the spirit displayed by the men who greeted with a howl of execration Dunham's plea for "liberty of medical opinion and action," who sternly condemn all investigation outside the narrow field of therapeutics, and who, to-day, if they had the power, would split our school in twain on the question of posology, is not bigoted and intolerant, will Dr. P. be kind enough to inform us what, in his opinion, does constitute bigotry and intolerance?

Will "thorough knowledge of the symptoms of *any* given case bring with it a knowledge of its pathology," as the doctor asserts? Assuredly not, if the symptoms are reflex. Chorea, epilepsy, and paralysis in children may all depend upon congenital phimosis; and he who prescribes for the totality of the symptoms, and ignores the pathological anatomy, will have many "brilliant failures" and no successes to report. In a case of this kind, circumcision is worth all the drugs in the *materia medica*. How

many physicians at the present day understand the complex, reflex manifestations of lithæmia? Yet without the knowledge of etiology, a cure is impossible.

Dr. P. takes exception to the statement that the pathology of allopathic works is superior to that of our own text-books. But instead of meeting the point at issue, he gives us a long harangue upon the superior efficacy of homœopathic *therapeutics*, which has not been disputed. In fact, the doctor, throughout his paper, assumes the *role* of "The Artful Dodger," and wastes a great deal of indignant eloquence in defending positions which have never been attacked! We still insist that if our authors give us any pathology at all (and we suppose the doctor would consider this useless—merely "showy"), we have a right to demand that it shall be fully equal to that of the old school works.

The need of better pathology in our journals is seen, not only in the articles "patterned after allopathic authors," but also in those of the type which Dr. P. most admires. When a physician reports the cure of a case generally considered incurable, we have a right to demand that he shall give us indisputable proof of the correctness of his diagnosis. If he fails to do this, and if, furthermore, he belongs to that small clique of fanatics who consider knowledge of pathology and diagnosis "showy," but useless, it is not only our right, but our imperative duty, to stamp his report with the verdict, "not proven."

We agree with the doctor, that there is no incompatibility or antagonism between pathological knowledge and the strictest homœopathic therapeutics. One supplements the other; both are needed. In order to maintain our present advanced position, we must show ourselves the equals of our old-school neighbors in diagnosis and prognosis, as well as their superiors in the practical results of treatment.

Dr. P. tells us that where the earlier homœopaths lost one patient, the allopaths lost eight, while the ratio between the losses of modern homœopathy and allopathy is only five to eight. Of course, the entire revolution of old-school practice within the past few decades, the substituting of "expectant" for "heroic" treatment, and the parvule for the massive dose, and the adoption, to a great extent, of the crude homœopathy taught by Phil-

lips, Bartholow, and Ringer, have had no effect in lessening allopathic mortality. Certainly not. To admit this, would spoil the force of his argument! Nothing is more deceptive than a *ratio*. It is a beautiful illustration of the fact that figures will sometimes lie. If the doctor will give us the death rates of the "pioneers," and "their modern apologists and vilifiers," as he elegantly terms them, and prove, *by a direct comparison of the two*, that the latter lose five patients where the former lose one, then his statistics will have some weight; at present they have none.

In conclusion, we beg leave to remind T. F. P. that invective and personal abuse are not argument, and that the advocate who loses his temper, betrays the weakness of his cause.

W. T. LAIRD.

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### MEMORANDA.

A full set of "Allen's Encyclopedia" for sale. Apply to the editor of this journal.

Dr. M. M. Moffitt, of London, O., has been appointed surgeon to the S. B. & M. R. R.

The publication of the "Transactions of the American Institute of Homœopathy" is being crowded forward rapidly. Over five hundred pages are in print.

"I congratulate you on the 'new departure,' and trust that your journal will continue to advance until it shall occupy the very first place in the list of our issues. I find something of real value in every number. Yours, Henry C. Houghton."

Dr. W. T. Laird has removed from Augusta, Me., to Gardner Bleck, Utica, N. Y. Dr. Eugene Campbell leaves Fairfield, Ia., for Los Angeles, Cal.; he is succeeded in practice by Dr. S. M. Campbell, formerly of Batavia, Ia. Dr. Herbert C. Clapp has moved his office from 16 Concord Square to 11 Columbus Square, Boston, Mass.

The transactions (1882) of the American Hom. Ophthalmological and Otological Society have been received. The volume contains many excellent articles of value to *all*, and can be had by sending one dollar to F. Park Lewis, M. D., 188 Franklin Street, Buffalo, N. Y. Give our specialists a "lift"; they deserve well at the hands of the profession!

The next meeting of the American Public Health Association will be held at Indianapolis, Ind., commencing October 17th and continuing four days. An effort is being made by the local committee of arrangements to secure free transportation to all who desire to attend. In order to insure free transportation, if granted, address Dr. Moses T. Runnels, Indianapolis, Ind., chairman, stating over what roads passes are required.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to H. R. Arndt, No. 62 Monroe street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## EDITORIAL.

The Central Ohio Homœopathic Medical Society, in offering a prize for the best drug-proving made in accordance with conditions soon to be made public, has taken a step in the right direction, and has set an example which older and stronger organizations, such as State Societies, will do well to imitate. The usefulness of medical societies would be greatly increased, and their influence upon the development of medical science and upon the growth of the profession would become far more potent than it has been, could they be induced to adopt some plan by which their strength, mental, numerical, and pecuniary, could be utilized in the working-out of some well-defined task the performance of which shall be of interest to the entire school. Every society has within its reach the power to do something of permanent value to the profession that perhaps no other society in the country can do equally well. If one such organization, through its membership, has control of large State Institutions, such as hospitals, asylums, prisons, etc., and by fully exhausting the clinical, and other, advantages thereby offered, can devote its strength, time and money to the conducting of extensive clinical experiments, some other organization, in the make-up of its membership, possesses facilities for doing valuable work in surgery, or for the prosecution of original studies in materia medica, or of some other branch of medical science; the very few societies which lack in ability in any especial direction, can, by a systematic, well-directed, and steady, effort, develop that strength in which they deem themselves deficient, or can give their co-operation to other societies more favorably circumstanced.

It is, indeed, surprising, and a source of regret, to contemplate the vast amount of force, time, and money absolutely wasted in the great majority of society meetings. Leaving out of consideration the loss inflicted upon members in attendance by absence from their business, we may safely say that the traveling expenses, hotel-bills, etc., of physicians—and we now speak of homœopaths only—in attending upon the meetings of the various state societies, upon the American Institute, and upon the Western Academy of Homœopathy, amount to no less than \$20,000 per annum. This sum, to a large

extent, comes from men who are obliged to economize closely in order to allow themselves the pleasure of meeting with their colleagues; attendance involves a sacrifice, and the sacrifice is prompted by a desire for an increase of knowledge which, it is presumed, the practitioner of medicine cannot well secure elsewhere. We know too well how rarely such expectations are realized!

The range of subjects for essays presented to societies is practically unlimited, and rarely is an effort made to insure the exercise of good judgment in the establishment of permanent bureaux, or in their yearly organization. State Societies which, perhaps, have but one good microscopist among their numbers, and not more than one or two experienced surgeons, but are strong so far as the average standing of their members as physicians and general practitioners is concerned, insist upon establishing permanent bureaux on microscopy, histology, surgery, etc.; these bureaux are permitted to select some subject of no interest whatever to the general practitioner, and to present reports, only too often mere compilations from text-books, on studies in microscopy which the physicians in attendance are not at all qualified to understand, or on surgical operations which, nine times out of ten, the speaker himself expects never to perform or to see performed by others. The time *thus* taken up is wasted, as matters reported upon are of no interest or practical value to the practitioners who compose the audience, and to the extent in which such reports, no matter how valuable in themselves, prevent the consideration and the discussion of topics which *are* of interest and of practical value to the great majority of members present.

We are inclined to severely criticize physicians who regularly absent themselves from society-meetings, and, to a large extent, such criticism is apt to be just; but it cannot be denied that any State Society which is conducted so as to warrant the expectation that its proceedings will be full of interest to physicians in attendance, is *bound* to grow in numbers and in strength; if a majority of practitioners in a certain state refuse to support their state organization, it is safe to presume that the Society is not worthy of their support.

The custom, also, of regularly publishing, in a separate volume, the transactions of State Societies is, in many instances, quite a useless and, often, inexcusable waste of money. Very few such volumes are of permanent value; and so long as medical journals are only to glad to publish all papers of a reasonable degree of merit, the money thus invested certainly accomplishes very little good. To publish a hundred, or two, copies of "Transactions" usually absorbs every dollar owned by the society, and, when published, the volume reaches only a limited number of readers; the publication of society papers in journals that command a fair circulation, involves no expenditure to the society whose property they are, helps sustain and strengthen the journal which publishes them, and reaches a much larger number of careful readers than can be secured by the "Transactions" of

almost any State Society. We are safe, then, in maintaining that this effort to gather into one yearly publication the papers presented to a State Society is, in a great majority of cases, an expenditure of means which could, and should, be utilized to better advantage.

We have, therefore, the best of reasons for extending our congratulations to our friends in Ohio for keeping in view one particular object, one especial aim, in the arrangement of their work, without ignoring the general work which properly belongs to such an organization, and, especially, for making of their means such use as must, of necessity, result in material benefit to the great body of our profession. So far, it is but a "move"; this "move," however, is in the right direction; and whether it result in "much" or in "little," we hope that the example set may find imitations in other, older and stronger, organizations. "Rome was not built in a day." The Austrian Prover's Union sprang from a smaller root than a society of more than sixty members, and yet did work the importance of which we cannot overestimate even now.

Let us hope that the season of "talking" and of idle "bragging" is well nigh passed, and that we are about to enter upon a season of good, honest, square, and original work.

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"The point on which we disagreed was the propriety of the true followers of Hahnemann separating themselves by a distinct organization from the pretenders, the see-the-case-at-a-glance doctors. Now Hering has always opposed all such separation, and desired all professed homœopaths to remain in union. I, on the other hand, have for years advocated a clean separation from those who will not learn, and from those who deliberately reject Hahnemann's practical rules. Of this opinion I am still, and the International Hahnemannian Association, at which I have been laboring for years, and which at last the true Hahnemannians established this year at Milwaukee, will prove the thin edge of the wedge."—*Dr. E. W. Berridge, Homœopathic World, November, 1880.*

"I would further suggest that Article I., of our By-Laws, be so changed that the meetings of this Association may not be dependent in any way on those of the American Institute, and as we do not propose to be held responsible for much of the practice indorsed by a majority of its members, I see no good reason why we should longer continue our connection with it. Of course, I do not speak officially in this matter," etc.—*President's Address (I. H. A.) by Dr. C. Pearson; delivered at Indianapolis, Ind., June 18, 1882.*

COMMENTS: Homœopathic physicians should understand that the International Hahnemannian Association was *not* organized with a view toward producing a "split" in our ranks; this assertion has been made, but it is a slander, and should not be credited. Drs. Berridge and Pearson, sometime in the *very* far-off future, will probably be given to understand, by their colleagues of the I. H. A., that they must be more cautious lest they bring dis-

grace upon the cause of the I. H. A. by misrepresenting the true object of the Association's purposes. In the meantime, Dr. Berridge has held a prominent official position in the organization which he helped found for a specific purpose (see *Hom. World*), and as a reproof for his disloyalty to the school at large has been punished by a yearly re-election to a secretaryship, and Dr. Pearson has had to submit to the humiliation of swallowing a severe rebuke for his rashness (see "Address") administered to him in the form of a re-election to the Presidency of said Association. Let no man dare cast a reflection upon the loyalty of the "Internationals," to the school at large; they would sooner die than sever their connection with the national organization, and are determined to frown, at all times and in all places, upon the unfortunate brother who dares advocate a separation from the great body of that school for the preservation of which grand old "Father Hering" worked so patiently and pleaded so eloquently!

### SURGICAL TOXÆMIA.

BY PROF. J. G. GILCHRIST, M. D., DETROIT, MICH.

(Concluded from page 858.)

#### X.

#### ENVENOMED WOUNDS.

As already stated, there is no doubt that certain serpents are venomous; in this country, however, there is good reason to question if they are sufficiently so to cause the death of a vigorous man, under ordinary circumstances, whatever may be the case in other lands. Recent experiments, however, seem to throw some uncertainty around the statements as to the specificity of the venom in the most dangerous species, or even an actual toxicological property. It is a well-known fact, that certain secretions of the body, in a perfectly normal physiological state, are quite "poisonous," to use the popular expression, to tissues with which they normally have no relation. Thus urine is contained in a viscus that does not seem to be peculiarly protected, and no ill effects are observed, as far as tissue changes are concerned, even when retained for a long period. A small quantity of urine deposited in any other cavity of the body (notably the peritoneal), will light up at once the most dangerous inflammation. So with the bile, or any of the fluids of the digestive tract. In one of the recent numbers of the *Bulletin of the National Board of Health*, Dr. STERNBERG, of the army, relates how after the injection of a drop of his own saliva into a rabbit, in three out of five

cases, "death followed very speedily, and *post mortem* examination revealed diffuse cellulitis, with infusion of bloody serum about the point of injection. The serum seemed to be swarming with bacteria, and bacteria were also found throughout the tissue. The saliva is thus seen to have proved a septic poison of great virulence." Most of us, probably, have seen the report of the discomfiture of the great PASTEUR, who found certain supposed specific affections were indifferently propagated from injections of saliva from previously affected or healthy animals.

DR. DE LACUDA, of Rio Janeiro (*N. Y. Times*, X. p. 69), in experimenting with permanganate of potash as an antidote to cobra poisoning, appears "to have proved the striking analogy of this virus with the pancreatic juice; in fact, that the two substances are, to all intents and purposes, the same." In support of this, as well as the conclusion of Surgeon STERNBERG, the *Times* quotes the following: "M. GAUTIER," of the Paris Academy of Medicine, "took twenty grammes of human saliva, from which, by lixiviation and purification, he obtained a substance which he injected in the form of a solution under the skin of a bird. Almost immediately the bird was seized with trembling. It staggered and fell to the ground in a state of coma which terminated by death in half an hour or an hour, according to the dose injected and the vigor of the bird. The symptoms resembled very clearly those of poisoning by a venomous serpent."

These experiments are thought by the adherents to the germ theory of disease, to be suggestive of an error in their theories, and that the causes of disease are, after all, within our bodies; that they are due to undiscernable changes in vital function. There can be no question that it would seem as if the presence of a normal secretion in an abnormal location might satisfactorily account for the symptoms of animal poisoning. We all know of cases of so-called hydrophobia following bites from dogs that were evidently not rabid, and such facts add to the force of the suggestions contained in the preceding paragraph.

I cannot now recall the facts as to racial peculiarities in the deaths from snake-bites in India, but am of the opinion that Europeans do not succumb as readily as the natives. This would assist in strengthening the above conclusion, when we recall the



superstition of the East Indians, and the lack of courage to withstand such startling demands made upon their fortitude. In fact, even in this country, where the imagination is supposed to be under somewhat better control, the reception of a bite from a snake is an occurrence causing much shock and mental disturbance, particularly if it is expected. In cases of undoubted poisoning, the effects are speedily produced, and the presumption that there is a specificity in the venom is strengthened from the identity in the symptoms of different cases. In other cases, the symptoms are not typical, and there is room for question whether the sufferer was bitten, or, if bitten, if he was poisoned by the venom. It becomes a question of importance, therefore, to determine two facts before constructing any theory: was the bite effectual, and was the venom of ordinary potency.

It has been asserted by those who have studied the subject, that all bites, even when the fang punctures the skin, are not accompanied by an injection of poison. It is said that to inject poison into the wound, the fang through which it passes must be perfectly erected, otherwise there is a want of relation between the poison duct and the channel in the tooth. This perfect erection seems calculated to allow the serpent to strike his prey at a distance of three times his own length, as the maximum distance. If the blow is struck beyond, the fang is thrown too far forward; if much less, erection may be imperfect, and the skin not wounded. Furthermore, the supply of poison is exhausted after two or three ejaculations from the gland, and if one or two abortive strokes are made, some object being struck each time, a third blow will quite surely be innocuous, as far as injection of venom is concerned.

Supposing, however, that the sufferer receives the first blow, that the distance is within the limit assigned, the bite effectual, and venom is injected into the wound. Even now there is no certainty that typical results will follow, unless it can be shown that the poison is of the standard potency. HIGGINS and others have shown that during the rutting season the poison of venomous serpents is of increased virulence; when the moulting process is going on, the virulence is much lessened, as well as during the period of hibernation. Thus many conditions must be fulfilled

before we can unhesitatingly affirm that poisoning has taken place.

It is a well-known fact that the venom of serpents may be taken into the stomach, and if no abrasions exist in the mouth, or elsewhere along the route, no symptoms of poisoning will appear. Why is this? The poison of specific contagion is not equally harmless, and both are contained in a vehicle purely organic. It is argued that there is no specificity in the snake venom, because it should exhibit the same power taken up by the gastro-intestinal absorbents as when taken up by the skin.

But, as said earlier, we are not in a position to deny the potency and specificity of snake venom. The only result we can reach is, that all cases are not poisoned, and those that are, terminate as existing bodily states may determine.

There is sufficient evidence in the few instances noted to confirm the conclusions of Dr. S. WEIR MITCHELL, viz: "That the venom of crotalus, like that of other snakes, is a septic or putrefacient poison of astounding energy. \* \* \* The rapid decomposition of the blood, and of the tissues locally acted upon by the venom, leaves no doubt upon the matter, and makes it apparent that an incipient putrefaction of this nature may so affect the blood as to destroy its powers to clot, and perhaps, also, to nourish the tissues through which it is urged."

To repeat what has been said, perhaps to wearisomeness, let me tabulate what seems to be the legitimate conclusions from what we have learned:

1. Snake venom is a poison—
  - (a.) Either specific; or,
  - (b.) Toxical because out of its proper relation.
2. The effects vary, with—
  - (a.) Season of the year.
  - (b.) Distance of the spring.
  - (c.) Number of the bites in succession.
  - (d.) Bodily health of the victim.
3. Modified by the nature of the part bitten—
  - (a.) Tetanus, when nerves are injured.
  - (b.) Toxical effects when veins or lymphatics are poisoned.
  - (c.) Sepsis, when subcutaneous injection simply.

As to *treatment*, I shall have to be very brief, admonished by the lateness of the hour. Of all the antidotes that have been proposed, none would seem to promise more than that by HIGGINS: A preparation of the gall of the serpent in the proportion of one to ten of alcohol, given in teaspoonful doses of a watery dilution.

4. Finally, we have to consider the effects of septic material introduced into a wound. The typical form of this kind of injury is the *dissecting wound*, in which the fluids from a dead body are introduced into a wound. Such wounds are universally recognized as dangerous in proportion as the hæmorrhage is scanty, as would occur when a small puncture with a needle or the point of a knife is made. Another important feature is, that the danger is greater when the infecting material comes from a body recently deceased, than one in which decomposition is active. The symptoms are generally similar to septicæmia occurring from other causes, but there are important points of difference. In the simpler and more transient forms of the infection, the trouble is confined entirely to the point of injury, small, painful abscesses forming, with widely-extended inflammatory areola, and healing very slowly. In more serious cases, the inflammation will extend up to nearest chain of glands, with symptoms of acute lymphangitis. In the most dangerous forms, the whole limb will become inflamed, and swollen, abscesses and glandular swellings form in the axilla or groin, fever will be considerable, and the symptoms, both local and constitutional, become very alarming. Pyæmia may develop, and death result, or the symptoms may gradually abate, convalescence being long and tedious. In many instances frequent relapses occur, and months or years may elapse before the health is fully regained. Such injuries are oftener inflicted by spiculæ of bones, particularly in examination of the chest where the sternum is broken and bent upwards—or by pricks with a needle in sewing up bodies after autopsies.

Some conception of the difficulties attending the study of morbid action, and the poverty of knowledge of the essence and germ of life and disease, may be gathered from a study of this simple problem. Here we have putrescent animal matter from necrotic processes in the track of a wound setting up septicæmia. In

another case, we have the same material, as far as our poor means of knowledge goes, taken from a dead body, and a marked change in the result. In both cases there is nothing but septicæmia, yet one is representative of an essential difference in the disturbing element, as the symptoms are more profound, and the recurrence argues a deeper and more permanent lesion. When the septic matter is truly putrescent, taken from a body evidently decaying, the symptoms are like those from septicæmia, as ordinarily seen. In other words, while septic matter appears to be the same, whether taken from a dead body or a living one, the difference in the result show a notable difference in the chemical organization.

In summing up the results of a study of toxæmia we must, it seems to me, arrive at the following conclusions :

1st. That surgical toxæmia, from any of the causes enumerated in these papers, represents different phases of septicæmia.

2d. That the differences in the various forms argues a vital difference in the source of contagion.

3d. That the chief factor in all must be local textural death, with arrest of excretion ; imperfect defecation.

4th. That the conditions notably forming septic infection, are wounds in which the tissues are more or less devitalized by the agent inflicting them. We find gun-shot, punctured, and lacerated wounds, as well as burns and scalds, the typical form of injury.

5th. That envenomed wounds fulfil all of these indications, viz : impediment to excretion, and textural death in the margins.

6th. That the marked symptomatic difference in the various forms of toxæmia forbids an identical contagion, and demands, for therapeutic as well as scientific accuracy, studious attempts to emphasize the differences, and careful search for the prime etiological factor.

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#### A PAINFUL AFFECTION OF THE WRIST.

In the July number of the *New York Medical Journal and Obstetrical Review* Dr. Edward H. Bradford, Surgeon to Out-Patients, Boston City Hospital, relates three cases of a painful affection of the wrist, the features of which were : pain referred to or most

severe at the middle of the carpus; slight swelling; an absence of constitutional disturbance, and with no interference, or but partial interference, with motion of the articulation between the carpus and the radius and ulna. The symptoms were relieved by fixation, and recovery took place finally after a period of rest. Judging from analogy, Dr. Bradford remarks, it seems probable that the cases here reported were similar, to a degree, to a synovitis of the medio-tarsal joint, described by Gosselin under the term tarsalgia adolescentium; differing somewhat in their course from the fact that the wrist, a part easily immobilized from the first, and not the tarsus, was affected. Leaving out of account the smaller synovial membranes of the carpus—i. e., those between the pisiform bone and cuneiform, the trapezium and the metacarpal bone of the thumb, the ulna and the fibro-cartilage at the joint—there are two large synovial sacs, viz: that between the main carpal bones and the radius and cartilage covering the ulna, and that between the main bones of the carpus, of which the os magnum is the larger and central bone. From the symptoms in the cases reported, the author thinks that the inflammation was one affecting this latter synovial sac, and limited to this alone, and that they may therefore be termed cases of synovitis of the carpus.

#### THE TREATMENT OF INTUSSUSCEPTION.

In the September number of the *New York Medical Journal and Obstetrical Review* Dr. W. R. Gillette, Physician to Bellevue Hospital, relates a case of intussusception in a child nine months old, relieved by injections of water, the administration of chloroform by inhalation, and manipulation of the tumor felt through the abdominal walls. This he states, is the third case of intussusception in infants which he has seen, and which he has been able to reduce by these means. He thinks that these cases, from the philosophy of their condition, and the necessary measures for their relief, are best managed in the way indicated. In two other instances, in which he saw and advised this treatment, reduction was utterly impossible under the other methods tried. The children in each of these cases were held while struggling, and the injections forced into them against all voluntary and involuntary

efforts which they could make. He deems the administration of chloroform almost absolutely necessary in these cases. The reason is not difficult to find, inasmuch as, while it gives us such perfect control of the patient, it also eliminates the element of muscular spasm. Moreover, massage is a powerful adjuvant to the hydrostatic pressure of water in these cases. In the first two cases the obstruction was not overcome until massage also was employed.

### PHTHISIS PULMONALIS.

BY W. B. CARPENTER, M. D., COLUMBUS, O.

My attention was arrested, a few days ago, by the lament of a fellow-practitioner, after diagnosing a case of consumption in its last stages: "If something had been done sooner, this patient might have been saved, but now it is too late." The victims of this dread destroyer are constantly and rapidly increasing, in families, too, in which there is no known history of hereditary taint; so the truth cannot lie wholly with those who claim that it can be nothing but hereditary, nor with those who assert that it is never transmitted from parent to child.

We boast, and well we may, of the advance and improvement in medical science and therapeutics; but notwithstanding all, here is a disease that is making most rapid strides, and at times delighted to mask its true nature with obscure and varying symptoms, so that it baffles all treatment by practitioners of whatever school of medicine, and carries off, at least, one-seventh of the population of our country.

It is generally admitted that when the disease is well-seated, and the pathological changes are well-established, human agency cannot *then* cure it, or even retard the rapid progress of the fatal malady. The several stages are but developments from the preceding, and each grows shorter as the final issue draws near. Palliation, in the later stages, seems all that is aimed at, or that can be accomplished.

The universal exclamation that "something ought to have been done sooner," implies the belief that there was a time when the trouble might have been averted, and the patient spared from such a lingering death. But what does the word "soon," mean? when is the time that treatment would avail? at what stage of the

development can these diseased tendencies be eradicated? Well may we ask whether, by the ordinary means of diagnosis, we can be sure we have encountered true phthisis until it is too late to save our patient. It would be a thing most natural to fear such disease when a youth begins to fail, or complain, without apparent reason, if the parents, one or both, had the disease. But can it be recognized in children of parents with no such history in its incipient stages? And even if that be so, we cannot help enquiring, could we do anything more than palliate, even then? Some claim to have been cured from what was called consumption by change of climate, some by use of bromine, iodine, or other halogen salts, some by use of cod-liver oil, some few may recover without any special line of treatment; and yet, how *very* few in comparison to the whole number of victims!

Medical investigation, for the past few years, has been directed mainly to the ascertaining of the causes of disease, and satisfaction does not seem to be reached till some material demonstrable *germ* has been charged with the origin of the evil in question.

A German physician, Prof. Koch, flatters himself that he has discovered the *bacillus* that causes consumption. Even granting that he has, what practical benefit can we derive from the fact? Can we recognize the malady any sooner? Are we thereby any better prepared to combat the disease? The answer must be, "No"; for we must still wait for certainty in diagnosis. Phthisis is by no means a local complaint, but stands connected with a peculiar tainted state of the condition—whether that be due to hereditary, or to a retrograde, change, in the vascular tissues of those whose general health was below the normal. Phthisis Pulmonalis in its chronic form, so well-known to all, rarely develops before puberty, and the six years, from fifteen to twenty-one, usually bring at least the developing symptoms to those who thereafter are to suffer from consumption.

The symptoms of consumption may be studied in two groups—prodromic, which precede the development of *any* physical signs; and those present, after the deposition of tubercle, which are divided into three stages by Da Costa, viz: 1st. Beginning deposition; 2d. More complete deposition with consolidation; and, 3d. Softening and formation of cavities.

But it is to the former that we wish to call especial attention. In a late paper, Dr. Eskridge has divided them into *subjective* and *objective*, under the former of which he enumerates: (a.) Capricious appetite; (b.) Impaired digestion; (c.) Loss of flesh; (d.) Pallid complexion, muscular debility, anxiety, and nervousness; (e.) Irregular alvine discharges; (f.) Disordered menstruation; (g.) Aversion to fatty articles of diet; (h.) Inability to perform usual amount of labor; (i.) Unwanted activity of mind; (k.) Chest pains of neuralgic nature, and at times (l.) Hoarseness, cough, and hæmorrhage (when not vicarious); and of the objective symptoms we have irregularities in (a.) Respiration; (b.) Pulse; and, (c.) Temperature.

No *one* of these symptoms can be relied upon as diagnostic, but, taken together, they make a very suspicious array which it would be criminal in a physician to overlook or neglect. Even though no physical signs of the disease be found, such a lot of symptoms would urgently call for action, persistent and careful treatment, both hygienic and medicinal. To be sure, some, or all, of these symptoms might appear in persons never having the disease, being then only transient; but they may, and often do, appear together in persons who soon become tuberculous.

Search all the authorities, and you will find that they mention, as one of the most prominent derangements of all phthisical patients, *Indigestion*, which may be merely a sense of weight in the stomach after eating, or may be eructations, sour or bitter, or may be vomiting not attended with sick stomach. This one symptom is constant in all cases, the other symptoms varying with the patient. Since this is such a constant pathological condition, why not carry investigation in that direction further, in the *hope* of ascertaining, perchance, the cause of all the trouble. A case of phthisis pulmonalis is only a history of retrograde metamorphosis of the tissues, of the lungs in particular, and the whole body in general; consequently it must be a disease of defective nutrition, hence of defective alimentation. With this starting point, we wish to give some lessons and impressions received while studying under the celebrated microscopist, Dr. J. H. Salisbury, of Cleveland.

There is not transmitted from parent to child *actual* consumption, but only a weakened, vitiated condition of the whole system,



which may be developed into the dread trouble by the diet and manner of living of the child thereafter. This statement is made more certain by the fact that children never allowed to nurse the milk charged with the diseased particles of a consumptive mother, but fed from birth with good, healthful, and *healthy* food, rarely develop the disease. Such experiments have been made, and gave results which justify further trial of the same method.

To test the influence of food on the causation of the retrograde changes which finally result in consumption, some years ago there was conducted, in Cincinnati, a series of experiments extending over a period of three years, which showed conclusively that a certain diet would produce the same abnormal condition of the system in persons known to be healthy, as was found in those who had hereditary phthisis.

Now, how were these conditions and symptoms observed? By a *microscopic* examination of the blood; and we at this time do not so much desire to call attention to what foods will produce, or what foods will aid, in removing phthisis, as to direct attention to the microscope as a certain and early means of diagnosis. Persons may be complaining of undefined ill-feelings—not well, and still not able to locate the derangement, when the appearance of the blood, under a *good* microscope, will positively show the advancing enemy for months before the patient has any idea that he is consumptive, or in any danger of developing physical signs of phthisis. This is the stage in which all would prefer to begin treatment, if good results are to follow.

The idea is prevalent that the microscope is of no avail till the cough and sputum grow suspicious; but if there is any systemic derangement, the abnormalities and diseased particles must most certainly be carried in the blood-current, and we bespeak for the examination of the blood itself a much more careful consideration than we are in the habit of giving it. By a little practice one may have a drop of the blood fresh from the blood-current and between the slide and cover on the stage of the microscope in a few seconds exploring its condition. The elements to be seen in healthy blood are few, and their arrangement regular, and any variation from this is a pathological condition. It requires but a short time to learn to tell the healthy and normal from the unhealthy and abnormal constituents.

In a general way it may be said this examination will show blood to be healthy when the "field" is of a reddish-brown color, and is evenly and closely covered with corpuscles that are of normal shape and consistence, so that they do not adhere together.

To notice now some of the abnormalities which occur in, and precede, consumptive conditions :

(a.) The *corpuscles*, red and white, are not evenly distributed, but they seem to adhere in small masses, leaving spaces of considerable size between. In these masses we can recognize the corpuscles, but they appear smaller than natural, withered, and shrunken, and of a plastic, sticky nature, so that they frequently adhere in ropes or strings, looking very much like genuine pieces of rope, or coins placed side to side. Then, too, the white corpuscles are seen to be too few in number, their cell-contents having been organized into *fibrin cells* and *filaments* by the *blood-glands*.

(b.) *Fibrin filaments*. Though normal constituents, and scarcely ever visible then, they may become so large and numerous as to be plainly visible in the interspaces between the masses of corpuscles. This, of itself, is pathological, and gives rise to other pathological and more serious effects. The filaments are well-defined and distinct, and the meshes much smaller than in health. And in the meshes, and sticking to the filaments, may be seen spores, granules, colorless corpuscles, or some crystalline bodies. By the way, the flying or rheumatic pain complained of by tuberculous patients, is due to these aggregations in the meshes of the network of filaments, these acting as small emboli which partially clog the circulation in the capillary vessels.

(c.) *Masses of yeast*. Undigested food in the stomach and bowels must lie there and decay. This involves a process of fermentation which depends on the generation of carbonic acid gas. With this noxious gas permeating the tissues, we may readily see the statement of there being yeast in the blood is not such a preposterous one. This appears under the microscope as grayish masses of granules or spores seen in the vacant spaces of the field under inspection, and lying, usually, near corpuscle masses, and in spots protected from the blood-current. That this possesses of what our house-keepers know as "yeast," has been proved by actually "*raising*" small cakes therewith. I had in my posses-

sion till recently a small cake "raised" by this material, enough having been secured by taking considerable blood lost during a hæmorrhage by a patient who was in the last stages of consumption.

These abnormal things are seen in every case which is, or which is soon to be, tuberculous, there still being other diseased substances which vary with the condition and other external modifying circumstances.

In the very initial and pre-tuberculous stages of the disease, these signs of oncoming danger are few, but are none the less distinct, and full of meaning and warning. They increase in number and severity as the development goes on. If examination of the blood reveals so exactly present and future systemic derangement, it certainly ought to claim more attention at our hands than it ever has done.

This paper is not presented with a view of suggesting any preventive or palliative treatment, but only of calling attention to the microscope as a means of clinical diagnosis, and urgently asking the profession to invoke its aid more frequently.

### PELVIC CELLULO-PERITONITIS.—CASES.

BY E. R. EGGLESTON, M. D., MT. VERNON, O.

A series of cases have lately fallen under my observation, which, while being not anomalous, are not common occurrences, and an abstract of them may prove as interesting to you as their treatment has to me.

I. L. W. B., aged 40, unmarried, having been very much of a sufferer for a twelve-months, applied for treatment. The early history of the case was one of unrequited love, nervous derangement, and uterine disorder. An attempt to elicit the minutix of early conditions resulted no more successfully than to warrant the conclusions above stated. When the severe sickness of a year ago set in, it was with prolonged and most obstinate constipation, which could be induced to give way at intervals of from ten to twenty days only by the most active relaxing treatment. During the seasons of intestinal inactivity, or as they were more and more prolonged, inflammatory symptoms became prominent, but not to such a degree as to become alarming. The greatest suffer-

ing, however, began with increased intestinal activity, which corresponded with frequent fecal discharges, the activity being maintained until the bowel was completely emptied, and the abdomen reduced in size from comparative fulness to complete collapse. The former conditions of inactivity would then recur, to be followed by relaxation, as before. She called the periods of relaxation, or had been taught to call them, "bilious attacks," and these were very painful and prostrating, and she rallied from them slowly and with difficulty. Her physician, one of large experience, had been inclined to place the blame on the digestive system, but with little emphasis, and his course of treatment became reduced to mere palliation. A specialist had charge of the case later, whose diagnosis, "prolapsus and ulceration of the womb," and its routine treatment, added but another to the chapter of failures.

On taking charge of the case there were found: Extreme emaciation; obstinate constipation, as above described, the feces being natural in form, but in size only from one-third to one-half an inch in diameter, and expelled with difficulty, pain, burning, and soreness; the appetite was either voracious or totally gone, the former condition prevailing during intestinal quiescence; considerable soreness across the lower part of the abdomen, on both motion and pressure, worse on left side; neither pain nor tenderness in region of liver, stomach, and spleen; hysterical symptoms abundant, the mind being predominantly affected chiefly in the hypochondriac direction; when walking, a sensation in the extensors of the lower extremities as if she were being forcibly dragged forward, caused her to move carefully from fear of stumbling; much pain across the small of the back and sacrum, but no tenderness or other indication of spinal disease; constant sense of weight and dragging in the pelvis; menstruation had been absent for six months, and no attempt made by the uterine organs to carry on that function.

Physical examination revealed: Tray-shaped abdomen, of firm, dough-like feel, or as if the intestines were fairly empty; moderate hypogastric tenderness; the womb was found in the second degree of prolapsus, moderately enlarged, but very firm, and firmly fixed in that position by adhesions, so much so that the

use of considerable force could scarcely move it; it, with the bladder and rectum, seemed embedded in an indurated mass, thickest and firmest posteriorly, where was, also, considerable tenderness; no leucorrhœal discharges of any sort; pressure backwards along the course of the rectum gave considerable pain in its whole extent. On examination of the rectum, the sphincters were found very irritable, especially the internal one, and from immediately within it to as far as the finger could reach, there was a high degree of sensitiveness. At the point corresponding with the posterior surface of the junction of the cervix and the body of the womb, a stricture of the bowel was found which permitted the introduction of only the tip of the finger, and, on its sphincter side, an ulcer as large as a dime, flat, depressed, with firm raised edges.

This patient came to me somewhat reluctantly, having had no experience and little or no faith in the treatment, but did so at the earnest solicitation of friends, and because it seemed about the last thing that could be done. Under such circumstances, diagnosis and prognosis were flatly asked for. The first diagnostic element was found in the nervous system—in its alternate exaltations and depressions—its loss of equilibrium. With emotional disturbances, such as must have obtained in this case, the uterine nervous system must have been correspondingly disturbed, and the irritations, so induced, have led on to graver and graver changes, until there might have arisen the conditions present; these, through continuity of structures and pressure, involved the rectum, and probably, to some extent, other contiguous portions of the intestines. The diagnosis is, therefore, *Pelvic Cellulo-Peritonitis*, with *Consecutive Proctitis*, resulting in *Stricture*. Prognosis *favorable*.

TREATMENT.—1. Cathartic medicines, of any and all sorts, were strictly prohibited. 2. Such foods were ordered as are almost or wholly disposed of by the stomach, thereby relieving the bowels of all effort, or nearly so. 3. Prescribed Lyc. 80, and Hep. sulph. 6. I proposed, as soon as the inflammatory deposit was sufficiently reduced, and the condition of the rectum would permit, to dilate the stricture, but what was my astonishment to find, after ten days of medication, that my intentions were to remain as such,

for with a more regular peristaltic action of the bowels, which had set in, the discharges became more natural and frequent, and gradually increased in size up to the normal a month later. A general amelioration of symptoms set in at the same time. Later, Colocy. 6, was substituted for lyc., and she is still taking the remedies, now three months, and is improving slowly but surely. Of course, the improvement has not been continuous. At times the bowels have rebelled, not moving for a week or ten days; or the hysterical symptoms have become troublesome; or uterine pain and soreness have been foremost, but all of these have been less and less severe and persistent, and I have strong hopes of ultimate and complete recovery.

II. Another case of the same character, but of a sub-acute form, and complicated by abscess opening into the posterior vaginal cul-de-sac, and fibroid tumor situated on the posterior wall of the womb, was treated with a fair degree of success. Outside of the mere local symptoms, the leading characteristics were, as compared with the previous case, a more extensive and intense entero-peritoneal inflammation, left-sided ovarian neuralgia, sympathetic irritation of the stomach, and mucous discharges from the bowels. This case had also passed through various hands, and had been the subject of a formal consultation, numerously attended, and in the end all opinions regarding the true nature of the case had been at fault, as well as the prognosis, which was unfavorable. The patient, a very intelligent lady, insisted to her physicians that some such trouble existed as has been described, and measures which she suggested to them were the only ones that gave relief, and still they wandered far away from the true condition.

To me she insisted upon the same things, so that my own diagnostic and prognostic good luck is, therefore, easily accounted for. She did not tell me, however, that the disease was caused by an abortion, but I had good reason to believe that such was the case.

The early treatment of the case included a system of vaginal, rectal, spinal, and sitz-baths, which are greatly relied upon in chronic troubles of this character, and, if well borne, are valuable aids.

After two months of treatment, when the patient passed beyond observation, there remained only one troublesome symptom: irritation of the intestinal tract. The peri-uterine inflammatory deposit had been absorbed, the abscess in the vagina and the rectal ulceration had healed, the catamenia had become normal, the ovaralgia had entirely disappeared, and the fibroid had shrunk fully one-half. Had the treatment been continued, I felt warranted in promising a complete cure.

III. This most pitiable case was one of traumatic origin. Every pelvic organ was involved, as well as the lower intestines. The type was decidedly inflammatory, and the results have been most deplorable. There are present, entero-cystic fistula; cystitis, metritis, proctitis, cellulitis-peritonitis, all of low grade, and an abscess discharge, periodically into the rectum. How her miserable existence has prolonged itself through three years of suffering, passes my comprehension, but she lives and suffers. It has not been my lot to treat her until recently, and that only for palliation.

### PERIODICITY IN NERVOUS DISEASES.

BY A. A. ALLEN, M. D., ST. JOHNS, MICH.

If the influences of periodicity governing the conditions of human existence were better understood, more thoroughly taught, and more attentively considered, in making up our prognoses, particularly in respect to chronic diseases, our patients would be oftener benefited, and ourselves saved the mortification and disappointment of seeing them relapse, without any apparent cause, into a condition often as bad, and occasionally worse, than when we began treating them, probably months before. Who among us does not know the liability of ague to recur every seventh, fourteenth, or twenty-first day, even after it has been stopped by the remedy that appears homœopathic in every symptomatic particular; and more especially is this the case when quinine is used habitually. And if any have forgotten what appears to be an almost insane desire of some patients to shake at one particular time of the day, it would be well to refresh their memories by a short visit to a malarious district, and they will find some will shake from 7 to 9 A. M. (pod.), 10 A. M. (nat. mur., china) from

11 to 1 (gels.), at 8, or from 2 to 4 P. M. (arsen.), and many other remedies whose symptoms correspond to ague, have a peculiar time as well as peculiar symptoms. But while I am not in favor of prescribing on one symptom, I believe that by marking the periodicity of disease, and associating with it periodic aggravation of remedial agents, has given the student a key whereby many cases, otherwise failures, have been rendered easily cured, and when the period agrees, the majority of the symptoms also agree.

We also see neuralgia, accompanied by hepatic disturbance, often aggravated at a particular time of the day, and after it has been stopped, very liable to occur at intervals similar to intermittent fever; and especially when the nervous irritation, caused by the natural function of menstruation, happens to begin, or be existing, on any of those particular days. I saw one case that, by eminent counsel of both schools, was considered to be bilious neuralgia of left hip, severely aggravated at new moon without any relation to the menstrual function, excepting that it was seldom so severe when the menses occurred at the same time as it was when it occurred midway between the menstrual period. It would begin between 4 and 8 P. M., and continue until between 4 and 8 A. M., in spite of the best chosen remedies, electricity, or even an anæsthetic.

I at first considered it to be depending upon uterine displacement, but the attacks were at intervals of from five to six weeks, and often occurred independent of the menstrual period or position of the uterus. Sometimes it would begin when the uterus occupied almost a normal position, and stop about the usual time with that organ resting on the perineum right or left of the vaginal orifice, and the right or wrong position of it made no perceptible position with the patient's condition or comfort. Bowels usually constipated, but at some part of the interval she would be troubled with a terrible diarrhœa, during the continuance of which she could eat almost anything; but at other times, everything she ate or drank was regurgitated. Buttermilk was retained until a short time before the return of the next paroxysm; when that failed, raw tomatoes with vinegar would remain on the stomach, and satisfy her hunger.



She continued to grow worse for nearly two years, when, after taking an electric bath, one morning, being in good spirits and almost free from pain, she suddenly fainted and died, but a *post mortem* was not allowed. Although the passages from the bowels were closely watched, there never was any biliary calculus or intestinal parasite found. Urine was very clear immediately after each attack, becoming dark, and then light-yellow, during each interval. Although I was unable to gain a satisfactory diagnosis from any of the seven or eight physicians who saw her, I believe the trouble was in the sensory portion of the spine, and of tubercular origin.

“It has been noticed by the examiners of the Patent Office, at Washington, that inventive genius runs in streaks, so to speak. For a comparative long period, a certain line of invention will be followed, no single application for a patent appearing in the files of the department till, from causes not within our present knowledge to be explained, the examiners are suddenly pelted with applications so remote, each from the other, as to preclude the idea of piracy, all tending towards the same end, all seemingly born of the same matrix thought, and some of them describing devices almost identical. Such instances have been so frequent in occurrence, that the older examiners can trace something of regularity in the ebb and flow of inventive thought in some of the most futile fields of inventive productions. In a word, it would seem that the originating brain falls, in its studies, into orbits or cycles, whose radii and times are governed by laws—thought laws—of which we know nothing. Taking a milder view, it is apparent that the literature of civilized man has followed the same, or a similar, law; their cycles flashed out upon the world through their splendid reigns in ancient Egypt, in Greece, in the Rome of Augustus, and in the Elizabethan age in England, only to wane through a period more extended than that of their shining. And so with all the lines of thought in which the brains of succeeding generations of men have labored. Mechanics, philosophy, religion, literature, all seem to touch the earth in recurring cycles, and each seems to obey the law which governs all. Reason and imagination lose themselves in the effort to formulate the law of the recurrences. Cyclical curves, the right lines

of real progress, and the inverse curves of positive decay, intersect so frequently that tracing of either involves us in a maze whose key has not been found."—*U. S. Monthly for August*.

Now, if this be true, and I see no good reason to doubt it, it adds another page to the present existing volume of proof, that all diseases of the nervous system tend to recur in cycles, the length of which raises with, and is peculiar to, each disease. But it is clear, that if there exist a tendency for healthy brain-work to suffer cyclical aggravation and remission, that same influence will operate with a doubly apparent effect upon a mind hereditarily predisposed to disease, or having once been weakened by sympathy from some functional or organic disease of the different organs of the system. This circumstance would also tend to strengthen the idea that the majority, if not all, regularly recurring diseases depend for their origin upon some functional disturbance of the nervous system or structural lesion of nerve tissue.

It would also place in the path of those who believe ague to consist only in a functional derangement of the liver, an obstacle over which it does not seem easy to climb, or, like a wheelbarrow on the sidewalk, it is an obstacle they very seldom get over with entire satisfaction to themselves. I have not found any satisfactory proof, but believe that when our materia medica of nervous and mental diseases shall have become sufficiently developed, we will find some of our prominent remedies corresponding close to the peculiar time of mental depression and exaltation so frequently found in melancholics and maniacs, as well as many others effected with nervous diseases.

While I would lay particular stress upon prescribing on the symptoms only, I would rely upon the time of aggravation and amelioration as one of the most prominent, and reliable and prominent, signals or figure-boards to successful prescribing, as well as a valuable and substantial confirmatory symptom in nervous diseases.

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### THE CLINIQUE.

#### CASES OF DIARRHŒA TREATED BY THE "OLD MASTERS."

(Concluded from page 381.)

*Sulphur*.—Sulphur is indicated in diarrhœas which are so acrid, that they excoriate the anus and the adjacent tissues, or cause

herpetic eruptions; frequently we find emaciation, or a hard, bloated abdomen, in children; every little cold brings a diarrhoea, in spite of the exhibition of other remedies.—*Hering*. Sulphur often did the best service when the following conditions existed, although at times arsenic had to be used as an intercurrent remedy: Clean, bright-red tongue, rarely dry; more or less thirst; good appetite; *rumbling in the bowels, tenderness of lower abdomen to pressure*, constant pinching, peculiarly gnawing pain in the hypogastric region; with the stools, stitching and burning in the rectum; the stools at first yellowish, brownish, greenish, soon mixed with blood, mucus and pus; ten to twenty stools within twenty-four hours, more frequent at night, at times involuntary. Urine bright-yellow, with burning in the urethra. Hectic fever, with dry, burning, hot skin. Pulse weak, rapid.—*Baertl*.

*Veratrum*.—*CASE*: A man, aged 36 years, of delicate constitution, after taking a cold drink, had diarrhoea for six months. Symptoms: One to four stools during the day, brown, painless, accompanied only by a violent motion and agitation in the bowels, made worse by busying himself with his hands, and by eating potato in the evening. Poor appetite, great thirst, at times sensation as if some live thing were ascending from the stomach into the throat. Used to be troubled with worms. For eight weeks has had dry cough in the morning and evening, oppression of the chest, pressure on the sternum. Rep.: *Veratum*, 15th, one drop every five days. After the first dose, improvement; after the third dose, cessation of the diarrhoea. He remained well.—*C. Hartlaub*.

*CASE*: A patient was taken with fainting and diarrhoea. Symptoms: Cold sweat, with rapid and weak pulse. Several diarrhoeic stools; excreta *perfectly white*, looking like a solution of starch, with exhausting tenesmus, extraordinary faintness, and loss of consciousness. No nausea, no vomiting. Cured promptly by frequently repeated doses of *veratum*, 1st.—*Schmid*.

#### AN UNUSUAL RELATION BETWEEN THE PLACENTA AND THE MEMBRANES.

In the September number of the *New York Medical Journal and Obstetrical Review* Dr. Henry J. Garrigues, of New York, describes

a very remarkable relation between the membranes and the placenta. The placenta measured twenty centimetres in diameter, the cord sixty-four centimetres in length, and both were of normal thickness. The cord was inserted centrally. The membranes which had contained the child did not adhere to the edge of the placenta, but started from the point of insertion of the cord on this organ. Measured in a flaccid condition, hanging down around the cord, this bag was forty-one centimetres long. It was easily separated into two layers. The inner layer was covered with the epithelium characteristic of the amnion, a single layer of flat polygonal cells, which were in a state of fatty degeneration, as proved by numerous oil globules in their interior. The outer layer consisted only of connective tissue, which, in some places, contained a few round or oval cells, and many fat drops. In other places some loose shreds were found on the outer surface, which showed a greater number of similar cells. At the placental end of the cord the sac was seen to form a kind of triangular mesentery, embracing the first eleven centimetres of the cord, and attached to the sac to a similar extent. The two layers forming this fold were not united, so that the finger could be pushed in between them up to the cord; but at the lower end (i. e., nearer to the fœtus) they grew together, so that a pouch was formed between the "mesentery" and the cord, admitting half the length of the index. At the placental end of the cord there was found, in the interior, a small clear vesicle of the size of a pea (the umbilical vesicle). The placenta presented the common shining, smooth fetal surface, and rough maternal surface. The edge looked ragged, as if something had been torn from it, and in one place even a small, square piece of membrane, about two centimetres in either direction was found attached to it. This membrane had no epithelium, and was composed of an inner layer of connective tissue, and an outer layer containing many round and oval cells. From the fetal surface two membranous layers could be dissected off. The most superficial was exceedingly thin, the deeper one comparatively thick, and bound by isolated fibers to the placental tissue. The fetal surface had no epithelium. The chief point of interest was that the sac in which the fœtus was placed, and which contained the amniotic fluid, was not attached

to the circumference of the placenta, but to its centre, all around the insertion of the cord. Microscopical examination showed that this sac was composed of the amnion and the chorion, but had only scant remnants of decidua attached to it here and there. On the other hand, the portion of membranes found attached to the edge of the placenta was composed of decidua and chorion without amnion, and the foetal surface of the placenta had no amniotic epithelium. Dr. Garrigues supposes, therefore, that the placenta all around was separated, after the birth of the child, from the decidua, which remained attached to the interior of the womb. Secondly, that the amnion and the chorion together formed a fold from the circumference to the centre of the placenta, which fold, on one side, was open, and formed the mesocord described. Such a folding was, perhaps, brought about by accumulation of fluid between the chorion and the decidua after the formation of the placenta. At first he supposed that the amnion alone partook of the folding; but then we should find, he adds, on the sac surrounding the foetus, the line where the chorion had been torn, and there was no trace of anything of the kind. He thinks, therefore, we must conclude that the chorion remained close to the amnion all the way, and was folded with it so as to cover the foetal surface of the placenta twice, as well as the amnion. This supposition is corroborated by the fact that two layers could be dissected from the foetal placenta. The outer one was very thin, and this he took to be the chorion; the inner one was thick, and this he explains as being the two layers of amnion grown together by their epithelial surfaces.

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### PRESIDENTIAL ADDRESS.

CENTRAL OHIO HOMOEOPATHIC MEDICAL SOCIETY. DELIVERED AT COLUMBUS, OHIO, SEPTEMBER 7, 1882.

BY C. C. WHITE, M. D., COLUMBUS, O.

LADIES AND GENTLEMEN OF THE CENTRAL OHIO HOMOEOPATHIC MEDICAL SOCIETY:—We meet to-day to commence the work of another session, the sixth of our existence as a society.

I trust that we have before us meetings which will be marked by the reading of good, practical papers, and by useful as

well as interesting discussions. I would, indeed, hope that the session on which we are entering, may be productive of a considerable addition to our power of controlling disease and of remedying injury. All that a secretary can do to promote the prosperity of a society, we may rest assured our worthy Secretary will do. But, ladies and gentlemen, however great may be the zeal of a secretary, however carefully he may husband the resources of the society, however considerable may be the time and thought he devotes to its interests, all will fail, unless he receives a full and hearty support from his constituents—the members of the society he strives to serve. Our Secretary is, I know, very desirous of rendering our meetings both instructive and attractive. To this end he will, doubtless, apply to you for papers that will do credit to our Society. I trust that he will be warmly supported in this matter, and that there will be no lack of members ready and willing to contribute out of their stores of experience, study, and reflection, towards making our meetings yet more and more interesting.

It is the bounden duty of every member of our profession to endeavor to do something towards enlarging the boundaries of existing knowledge of our science and art; still more imperative is this upon us who believe that we have in our possession a method which, when fully developed, will render the cure of disease more certain, will bring within the category of the curable many disorders which are now deemed susceptible of palliation only. It is our duty to use every effort to improve and render more accurate our knowledge of therapeutics. We have a great work to perform; our numbers are growing larger, the obstacles we have to encounter are great, and in proportion as these things are so, it is necessary that every individual practitioner of homœopathy should endeavor to do something which shall render the practice of homœopathy more certain and more simple than he found it.

It is here, where we meet together to discuss the views broached by different members, that we can best cultivate the sciences upon which our art is built. It is by that free and intelligent criticism which the reading of an essay in a society such as this encounters, that errors in observation are corrected, that difficulties in practice are solved, that what is true is best determined,

and what is useful is most easily discovered. The advantages which must, therefore, flow from our meetings, are obvious and great.

It is deeply to be lamented that the only principle which offers a real solution to the problem of how drugs should be most efficiently prescribed, should be one which is excluded from discussion in all assemblies of medical men save our own. That this is so, renders it all the more important that here attention should be especially devoted to the consideration of those subjects which bear upon its practical application. Hence, it arises, that though the entire range of medical science is full of interest for us, and while it is of the greatest importance that we should be earnest in the study of each department thereof, we must ever regard *our* Society as one peculiarly devoted to the discussion of therapeutics. It is to the improvement of the art of curing disease by the employment of drugs, that our attention here must be especially directed. Here, and here only, can the physiological action of drugs be debated with any advantage to the physician. Here we recognize a knowledge of the parts for which a drug has a special affinity, the degree and kind of its action, and the manner in which that action is expressed, as being essential to a right use being made of it in the treatment of the sick. Our aim here should be the discovery of remedies which shall be specific in their mode of action, and the adding to such information as we already possess regarding those now in use. Hence, everything that bears upon *materia medica*, everything that can increase our knowledge of the alterations in health produced by drugs, everything that can illustrate their application in disease, meets with a cordial reception by this Society. For these reasons, therefore, I would take advantage of this opportunity to invite the attention of those who may be willing to respond to the call of our Secretary for scientific contributions to the consideration of the action and uses of drugs, and to clinical illustration of their influences upon the course of disease, as subjects especially suitable for introduction at our meetings.

It now only remains for me, ladies and gentlemen, to express once more an earnest hope that we have to-day entered upon the most useful and practical session in the history of the Society.

## CORRESPONDENCE.

DR. KEITH AND LISTERISM.

In the *Quarterly Epitome* I find the following letter, which may, to some extent, put a quietus upon the rambling adverse criticisms that have been made from time to time by those who have never employed Lister's method of protecting patients during surgical operations, and therefore only enter their protest purely upon theoretical grounds, or base their remarks upon the proceedings of the International Medical Congress:

"Dr. G. N. Lyman writes: I have received a communication from my friend Dr. Keith, of Edinburgh, in which he complains, and I think it must be admitted not without cause, of the statements by your correspondent in the *Journal* of January 12th, as to his position with respect to 'Listerism.'"

After denouncing those statements as being wholly incorrect, and, moreover, *necessarily so*, in view of the fact that your correspondent could readily have ascertained the truth from himself personally, he (Mr. Keith) goes on to say: "It is *untrue* that I ever used carbolic spray one-tenth stronger than Mr. Lister's five per cent. solution. It is equally *untrue* that I ever 'denounced Listerism,' or 'pronounced against' the use of antiseptic precautions. I said that for some time I had given up the *carbolic* spray in abdominal surgery as being unnecessary, and sometimes dangerous.

"Giving up the carbolic spray in one special operation—an operation sometimes lasting a couple of hours—is a very different thing from giving it up in other surgical work, or from giving up the antiseptic principle. I do not now use the spray in ovariectomy."

I think the above correction of Mr. Keith's is due him, inasmuch as he feels indignant at the misrepresentation, and also due the profession, who ought to know the exact position Prof. Keith occupies as to "Listerism."

PHIL. PORTER.

Lafayette Avenue, Detroit.

PROCEEDINGS OF THE CENTRAL OHIO HOMŒOPATHIC  
MEDICAL SOCIETY.

COLUMBUS, O., Sept. 7, 1882.

The Central Ohio Homœopathic Medical Society met in regular semi-annual session in the Secretary of State's Office, at 10 A. M. The morning session



was purely a business meeting, attention being given to minutes of the last meeting, officers' and committees' reports, considering changes in the Constitution and By-Laws, and drafting resolutions in regard to the death of one of the vice presidents, Dr. J. M. Christian, of Marion. The afternoon session was called to order at 2 P. M. The President, C. C. White, M. D., proceeded to deliver his annual address, which was listened to with strict attention. A paper by Dr. J. C. King, of Circleville, on "Headache; Its Diagnostic Value as a Symptom," was presented, accepted, and placed on file. The author named the classes of headache, and each variety (divided according to cause) of the disorder was properly placed, and the general line of treatment was given. Dr. Carpenter then read a paper on "Phthisis Pulmonalis," in which the writer called attention to the microscopic examination of the blood as a means of early diagnosis of the disorder. The fibrin filaments, the yeast masses, and the abnormal size, condition, number, and arrangement of the corpuscles, were named as sure attendants on present tuberculosis. The question was raised whether, or not, this disease was only one of faulty alimentation. The necessity of recognizing, if possible, the disease before the appearance of *physical signs*, was urged. Dr. King thought main prodromal symptoms were clean tongue, and increased respiration and temperature. Inclined to the belief the disease is contagious, and hence favors, to some extent, the theory of Koch. Dr. Connell rejects the microscope, and prefers to wait till *after* physical signs are manifest, and then treats. Dr. Barnes, an old practitioner, said the more he saw the disease, the less he knew of it; cannot accept the *germ* theory. Dr. Pulford thinks there are numerous causes for phthisis, viz: Lessened vitality—anything destroying either the sulphur or phosphorus in the system. Dr. Eggleston says cases of curable phthisis, so-called, are only chronic pneumonias; but all real tuberculous trouble is absolutely fatal. Dr. Beebe condemns cod-liver oil, and gave facts to support his belief; iodine was praised. Dr. Connell quoted Dr. Bennett, of England, as to the curability of a small per cent. of tuberculous cases. Dr. Eggleston then read an interesting paper on "Pelvic Cellulo-Peritonitis," and gave three cases that had fallen into his hands. He had found Lyc. 30, Hep. 6x, and Colocy. 6x, with the use of hot baths, very efficient remedies. Miss Dr. Janney then presented a paper on "Chronic Inflammations of the Eye," naming, and treating especially of, "Iritis" and "Blepharitis." Dr. C. C. White then read a paper on "Ophthalmia Neonatorum," and traced it most to leucorrhœal or gonorrhœal causes. He warned against allowing too long a time without treatment. The treatment was given: (a.) Cleanliness of warm water; (b.) Borax; (c.) Solution of atropia one grain, water one ounce, glycerine half an ounce, to be dropped into the eye; or, (d.) Nitrate of silver one part, and nitrate of potash two parts, to be used locally, followed by warm water and atropine; (e.) Well eye must be kept bandaged as a preventive measure; (f.) Internal medicine—arg. nit., puls., ars., iod., merc., bell., etc. Dr. King reported a case with no apparent cause, for

which he used warm lotions, puls., cham., and arg. nit. Dr. Pulford suggested boracic acid and hydrastis in milder cases. Dr. C. E. Sawyer, of LaRue, and Mrs. Dr. M. M. Scheble, were elected to membership in the Society. The report of the Committee on Ways and Means was next in order, which report was received and adopted. One of the resolutions therein is of interest to the profession, viz: The Society are to conduct provings of new, or re-provings of old, drugs, and to the individual or society in the world who shall conduct the best and most valuable proving, according to rules to be established by the Central Ohio Hom. Med. Society, shall be given a prize of "Allen's Cyclopædia of Pure Materia Medica," or its equivalent in other homœopathic publications. At the evening session an interesting and important discussion was held on the subject of "Leucorrhœa," by Drs. Beebe, Morden, King, Eggleston, and Connell. Local applications were only advocated in some few cases, but internal medicines needed to cure the accompanying systemic derangement. Dr. Scheble considered leucorrhœa a conservator from some other, dangerous disease, and need not itself be treated, unless too bad, or complicated with other diseases. Advised pledgets of cotton, with glycerine, hydrastis, or vaseline, and rejects pessaries. Internally, the doctor uses merc. sol., iod., and ars. iod. Dr. Clemmer gave cases to support his view that neurasthenia (tender spine, numbness, palpitation, or hysteria) might be due to the absorption of pus in leucorrhœal discharge. He called attention, also, to leucorrhœa in young girls. Dr. Clemmer then read an excellent paper on "Typhilitis," founded on a fatal case treated some years since. The paper was discussed by Drs. King and Eggleston. After various routine business, the Society adjourned until March, 1883.

W. B. CARPENTER, M. D., Secretary.

### SOCIETY NOTES.

The Hahnemann Medical Society of Hennepin County, Minn., have elected officers for the year as follows: President, Dr. J. Steele; Vice President, Dr. H. W. Brazie; Secretary and Treasurer, Dr. W. E. Leonard; Board of Censors, Drs. O. M. Humphrey, W. H. Leonard, and A. E. Higbee. As Chairmen of the Bureaux the following were appointed: October: Materia Medica, Pharmacy and Provings, Dr. A. A. Camp; November: Surgery and Clinical Surgery, Dr. H. W. Brazie; December: Obstetrics and Gynecology, Dr. W. D. Lawrence. The July report of the Bureau of Local Vital Statistics was ordered placed on the minutes. It consisted of a detailed statement of the comparative losses in allopathic and homœopathic practice from *pneumonia* for 12 years, ending December 31, 1881 (city of Minneapolis). The summary is as follows: Allopathic, 447; homœopathic, 66; number of physicians, 46; total, 559. Allopathic losses, five-sixths; their loss each year being as eight to one, while in numbers and practice the proportion has been, and is, very different.

Wm. E. LEONARD.

The fourth annual session of the American Pædological Society will be held at Niagara Falls, commencing on the day previous to the assembling of the American Institute of Homœopathy, which date has not yet been fixed. The special subject for discussion will be. "The Diseases Incident to the Second Summer." This subject will necessarily include: 1st. Difficult dentition, its causes, prevention, and treatment; 2d. Alimentary complications; 3d. Special hygiene of the "Second Summer"; 4th. Reflex cerebral disturbances; 5th. Complications of the respiratory system; 6th. Comparative mortuary statistics under different systems of treatment and management. This announcement is made thus early in hopes that observations made during the past summer, may be more surely and fully utilized by preservation and presentation to the next meeting of the Society, which is expected to be of unusual interest.

R. N. HOOKER, M. D., Pres't,  
L. C. GROSVENOR, M. D., Sec., 287 Dearborn Avenue, Chicago, Ill.  
185 Lincoln Avenue, Chicago, Ill.

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### MEMORANDA.

Dr. J. F. Welch has removed from Stanton, to Macosta, Mich.

Dr. D. H. Patchen, of Oberlin, O., has located at Genoa, Ottawa County, Ohio.

Dr. A. G. Smith has left Kokomo, Ind., and has opened an office at No. 713 Walnut Street, Louisville, Ky.

THE COUNSELOR suits me much better in the present form; it is an excellent journal; every number is worth the price of subscription.—S. A. Newhall, Newton, Kan.

Dr. J. F. Brown has retired from general practice at Leslie, Mich., and will hereafter devote himself exclusively to diseases of the eye and ear; he has opened an office at Jackson, Mich. Good luck to him!

*It is said* that the *Medical Advance* has been bought by Dr. H. C. Allen, and will be published at Ann Arbor, Mich. If correct, then Michigan will be ahead in at least *one* respect: the *number* of medical journals published under homœopathic auspices.

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### A CARD.

THE MEDICAL COUNSELOR PUBLISHING COMPANY, appreciating the value of the services of contributors to this journal, and desiring to show this appreciation in some tangible manner, take pleasure in announcing that they will ship, on January 1, 1883, one copy, bound in cloth, of Allen's "Symptom Register of Pure Materia Medica" (price, \$12.00) to the physician who shall furnish, by December 15, 1882, the most valuable contribution on materia medica. The award will be made by a committee of disinterested gentlemen, whose names will be given in due time.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to H. R. Arndt, No. 62 Monroe street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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No. 77.

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## HEADACHE.—ITS DIAGNOSTIC VALUE AS A SYMPTOM.

BY JOHN C. KING, M. D., CIRCLEVILLE, O.

Our president assigned to me the duty of writing about headaches. Each of us has plenty of them to prescribe for, and for that very reason, and because most of them are of transitory importance only, we are prone to be satisfied to "cover the symptoms" without bestowing much study upon the relation they bear to other, often more serious, conditions. The intent of this paper is to recall to our minds a few of the conditions of which headache is an important manifestation, and to point out the diagnostic value of head-symptoms in connection with these conditions. A study of this kind possesses decided value, because most of us, when listening to a patient's story, lack the concentration of mind and accurate observation that would enable us to draw conclusions from little things, such as the character of a pain or of a vertigo. The necessary limit of this paper prevents reference to the pathology of the various conditions mentioned, and also restricts the account of their symptomatology. Indeed, many conditions, as hysteria, must be omitted. The facts presented are drawn from many authorities, as well as from personal experience.

*Toxæmic* headaches include a large variety. From a pathological standpoint, other names are better suited to many of them, but this title serves for purposes of grouping. Almost all acute diseases are accompanied by head-pain, but in their diagnosis we are rarely either guided or misled by it. Malarial fever and small-pox are prominent examples. In *uræmia*, headache is the

most common symptom; it is seldom continuously absent when the kidneys are disorganized. In one case of fatal uræmic convulsions which I attended, headache was the only symptom complained of for some time prior to the first convulsion. We are all aware of the warning value of headache in obstetrical cases in which convulsions are impending. The pain is located at the nape of the neck or behind the orbits, or a sense of heavy weight or compression over the forehead is complained of.

An ordinary variety of toxæmic headaches is that caused by an accumulation of carbonic acid in the system. This is liable to occur in crowded school-rooms, illy-ventilated offices, close bedrooms, etc. The headache commences with a feeling of weariness and dullness early in the morning, which increases during the day. Perhaps the midday meal will cause a remission of the pain. There is a sense of heat, weight, and fullness, in the head, accompanied by nervous prostration and inability to perform mental or physical exertion. The tongue is generally clean, but may have a slight coat of white; it never presents the thick yellow fur at the sides or back always seen in bilious headache. I have prescribed for cases of headache caused by escape of gas from the ordinary base-burner heating stove, and for one case caused by the fumes of sulphur arising from a blacksmith's forge located in a poorly-ventilated foundry basement. These cases present the same general symptoms noticed above, with the addition of whatever symptoms may be produced by the special poison—as sulphur.

*Rheumatic* headache is not, at least in my experience, met with as frequently as might be supposed. I have never seen it in acute cases, except as a prodromal symptom, and then it always assumed a congestive type, accompanied with high fever. In chronic rheumatic cases, headache is occasionally the result of exposure to cold, of the head being uncovered in the open air, or from change of temperature. It chiefly affects the aponeurosis of the scalp, and the occipito-frontalis and temporal muscles. The pain is marked by aching and tenderness of the scalp and jaws, severe, heavy, and continuous. The pain increases in the evening, and grows less towards morning.

*Syphilitic* headache is, unfortunately, common. Keyes writes:

“Headache is a prominent symptom in all stages of syphilis. Early in the disease it may be due to neuralgia, or to anæmia, or hyperæmia. Later, it implies lesions of the bones of the cranium, or gummatous processes, or pachymeningitis. It is generally intense in all stages of the disease, and worse at night.” Usually, I think, it depends upon inflammation of the periosteum. It is mostly limited to spots on the scalp, which are tender to pressure. There is often pain across the forehead where the rim of the hat presses. The pain is fiercely intense; it is burning, tearing, lacerating, or boring. It is aggravated by touch and at night, and from alcohol, even in moderate quantities. Some years ago, I had under my care a compositor on a morning paper, who worked at night under two powerful gas jets. His headache was terrific; the pain was tearing and lacerating, and located over the frontal bone; it was nearly absent during the day. Location of pain sensitive to touch. I prescribed glon. 6, and ordered him to wear a brown paper cap to protect his head from the gas. No improvement. Several remedies, including merc., were tried, but failed. I finally secured a history of syphilis some years previous, but no other evidence of the disease was present. I then prescribed crude doses of kali. iod., and in a week the patient was free from pain.—We pass to

*Organic* headaches, which include all varieties caused by lesions within the cranium. In many structural diseases of the brain, headache is a prominent symptom, and possesses some diagnostic value. For pain to be indicative of gross cerebral disease, it must be real pain, not merely vertigo, confusion, or heaviness. Day writes: “Stress cannot be laid upon it as evidence, unless it is intense, and has continued for some length of time. Its diagnostic value is increased if it occurs in unusual places. The headache which is intense and continuous, never yielding to any treatment, and is confined to one locality, may safely be ascribed to some organic lesion.” The pain may occur in paroxysms, owing to the readiness of all nervous pain to assume this feature. Pain which is indicative of *cerebral tumor* may not, at first, be severe, but eventually becomes intense. It is usually referred to one definite spot or region of the head, and is confined to that locality. It is often paroxysmal, the suffering becoming unbear-

able at times, yet even during the interval pain is rarely absent. It is aggravated by intellectual and physical exertion, by emotional disturbance, by sensational impressions, and by forced respiratory movement.

Dr. C. K. Mills (*Record*, vol. 22, p. 20) practiced percussion of the skull in three cases, and found it to increase the pain in the region corresponding to the tumor. He thinks percussion might afford valuable aid in localizing the lesion. Among other symptoms of tumor are repeated vomiting, which affords no relief from pain; convulsive movements without paralysis, but followed by weakness or paralysis of affected parts; various affections of the organs of sense; intellectual disturbance, while the general health remains comparatively good. In cases of *cerebritis*, the pain is deep-seated and oppressive. It is described as sometimes shooting from the centre to the vertex, temples, eyes, or ears. The pain is persistent, and its severity is out of all proportion to the febrile movement.

*Cerebral softening* is accompanied by headache in about one-half the cases. (See Reynold's System, and Rosenthal.) The pain is not especially distinctive of the lesion. It is generally one of the earlier symptoms, but may appear late in the disease, and usually disappears towards the close of life. Its intensity is variable, rarely so great as that of the pain accompanying meningitis or tumor. Its locality is most frequently frontal, and it is not often confined to one side of the head. I have notes of six cases of softening of the brain, two of which are yet under observation. In one case only was headache present. The patient was an old man who had long carried upon his mind the business cares of a bank president. About three years ago, he became subject to attacks of vertigo, with occasional slight headache. In a few months, both symptoms disappeared, and have not returned. The patient still lives, a mental and physical wreck. The cashier of the same bank died a few weeks ago, from cerebral hæmorrhage; he lingered some weeks after the first attack, during which time he suffered from the head-pain characteristic of a gross lesion.

In *abscess of the brain*, pain may be the only symptom present for months. An intense neuralgic pain, situated over one spot, is occasionally the first symptom. Sometimes the location of the

pain corresponds to the seat of abscess, yet it may be very remote from the latter. The pain is not apt to be so continuous as in tumor; it frequently remits, or is intermittent. Febrile symptoms, with rigors and high temperature, assist the diagnosis. The pain accompanying *meningitis* may be classed as organic headache. It is usually present at the commencement of the disease, may be the first symptom observed, preceding others from a few hours to one or two days. One case, which terminated fatally, after a series of convulsions, was treated by me for thirty-six hours for headache before the occurrence of other symptoms enabled me to make a diagnosis. In another of my fatal cases, pain was never severe enough to elicit complaint from the patient, a boy of eight years. Such cases must be extremely rare. About two years ago I attended a case in a boy, aged six months; the attack was severe, twenty-four convulsions having occurred during two weeks. Hydrocephalus followed. Pain seemed to be a constant symptom for months afterwards. Even now the child suffers occasional attacks of pain, although the dropsy has been decreasing for the past ten months. The pain may be located in the forehead, temples, vertex, occiput, or head generally. It is usually violent. Patients describe it variously; some as a heavy weight pressing on the brain, others as a violent shooting pain, either continuous or occurring at intervals. Sometimes, again, it is compared to an iron band encircling the forehead, or of the head being squeezed in a vise. It is aggravated by pressure, by motion, and by sensorial impressions of light and sound. The pain is continuous, but also presents exacerbations. Its severity does not bear any relation to the stage or intensity of the inflammation, or to the nature of its products; neither does the pain correspond, necessarily, to the exact seat of inflammation. (See Reynolds.) In the tubercular variety of the disease, the pain concurs with the invasion, or, if present previously, is much increased then. It is mostly referred to the top of the frontal bone. It remains, in greater or less degree, until stupor occurs.

*Cerebral anæmia and hyperæmia*, while not distinctly organic conditions, produce pain by the effect they have upon the cerebral tissues. The headache accompanying the former has peculiar characteristics of its own, when considered in connection with



other symptoms of that state. The pain is usually vertical; it occupies the top of the head, which feels hot and burning to the touch. The pain is not throbbing, beating, or bursting, but of a gnawing, scraping kind. It is sometimes frontal or occipital, resembling a nervous headache. When the anæmia is general and the result of direct loss of animal fluids, the pain may be neuralgic in character. The mental symptoms assist the diagnosis. The patient is despondent by fits, or constantly depressed; is fearful and timid; has a general dread of things never likely to happen; is worried and anxious about his affairs, and alarmed about his health. Pending an attack, he is fidgety and exacting, irritable, and inclined to quarrel. Sleeplessness is the rule. Vertigo, noises in the ears, and flashes of light before the eyes, are frequent. In fact, the whole train of well-known symptoms may be present. Such cases readily form a taste for alcohol, because it affords temporary relief from pain and depression.

*Cerebral hyperæmia* is a frequent cause of headache. The patient is usually well-nourished, yet hyperæmia of the brain may exist in connection with anæmia of the remainder of the body. Indeed, the symptoms of cerebral hyperæmia may so resemble those of cerebral anæmia, that differential diagnosis becomes difficult. The pain, as a rule, is located in the forehead and vertex, less frequently in the occiput. The head is hot. There may be simply heaviness and pressure, but more likely bursting, beating, and throbbing. There may be "rush of blood" to the head, or waves and shocks of pain passing through it. The suffering is often intense, sometimes stupefying. The pain is aggravated by motion, light, or noise. The mental state is comprehended in the word, "hypersensitiveness." Thought is rapid and disconnected; ideas are confused and false. The patient is excitable, and very susceptible to sensory impressions. Sleep is broken or absent, often accompanied by horrible dreams. In time, loss of flesh and strength ensue, and the excitement gives way to depression, even lethargy. An anæmic condition may follow. A peculiar form of headache may result from partial anæmia. It is described as follows: "The pain is limited and circumscribed; there is contraction of one or both pupils, noises in the ears, imperfect vision in one eye, but never loss of sensi-

bility in one spot, or paralysis of one side." The general symptoms given are incomplete, of course. This paper only pretends to discuss headache, and a few symptoms are given to identify certain kinds of pain with certain conditions. The remaining types of headache that will be referred to may be classed as nervous.

*Nervous* headache we are all familiar with ; it is, perhaps, more frequent than any other variety. It arises from a disturbance of the normal relation between the mental and physical functions. The groups of symptoms known as neurasthenia are too numerous and complex for description here. Dr. Beard, in his entertaining little work on "Nervous Exhaustion," mentions over sixty apparently different affections that may be merely symptomatic of this condition, and the number might be increased indefinitely. Nervous headache is a symptom of neurasthenia. There may be simply pressure and heaviness in the back of the head and over the vertex, or through the whole head, with vertigo and tender scalp. Attacks may be periodic, the periods regular or irregular, and dependent upon some known or unknown combination of circumstances. The pain most frequently is lacerated, in the forehead and vertex, but sometimes in the occiput and back of neck. Later in the course of an attack, it may settle in one temple, one eye, or one side of the head, thus resembling neuralgia. Such headaches are often called sympathetic, yet the real disorder is in the nerve-fibres of the brain. These cases are so common that further description seems superfluous, yet the real condition—the neurasthenia—deserves careful study, even though it be a sort of medical will-o'-the-wisp.

*Sympathetic* headache is the result of irritation at a distance from the sensorium ; yet, these eccentric irritations rarely produce head-pain until the nervous system has become impaired. Nervous headache is more frequently sympathetic than idiopathic. A nervous diathesis renders its possession liable to all varieties of nervous pain, the latter being readily provoked, at remote points, by errors of accommodation, carious teeth, disordered digestion, uterine or ovarian troubles, etc. Prominent symptoms precursory to the headache over which the sympathetic system presides are: cold extremities, shivering, scanty secretions, feeble pulse. The character and location of the pain

varies somewhat, owing to the various forms of irritation. Most frequently the pain is of a continued, shooting kind, as though a nail was being driven into the head. It may be neuralgia, following the course of a single nerve or branch. It is more severe in the morning and evening than during the day. Anomalous sensations in the head are often complained of. Vision is confused and dim. The pain may commence over one ear, shoot to the top of the head, and then extend backwards to the occiput. Although worry, hard work, and continued anxiety, invite these attacks, yet the patient is not necessarily fidgety and irritable.

*Neuralgia* is another form of nervous headache. The exciting causes are manifold, often trivial, especially when the patient is predisposed to nervous pain by anæmia or other depressing conditions. In many cases a malarial influence is obvious, and the pain in such cases is mostly restricted to the fifth nerve and its branches. Yet, neuralgic headache, as, indeed, any other form of pain, is liable to assume periodicity apart from the agency of malaria. The pain may affect one side of the head, or face. It may fix upon one particular spot. It seldom extends over the whole head, or produces nausea or vomiting. When the latter does occur, it never affords relief, as in dyspeptic headache. The diagnosis is clear if the pain is very intense; sharp, shooting, burning in character; if it is superficial, paroxysmal in appearance, and extends in the course of the superior branch of the fifth nerve, and in those filaments which supply the orbit, inner angle of the eye, and forehead. However, in some cases, the pain appears to enter the eye or the brow, to pierce through the centre of the head, and to escape at the occiput, or to find its way out through the neck, arms, and legs. The pain in the limbs often resembles a pricking or numbness.

*Dyspeptic, bilious, and sick headache*, is a very common form of sympathetic pain. It often occurs when an attack of acute indigestion is superadded to the ordinary forms of atonic dyspepsia. Among its most frequent causes are indigestible food or stimulating drink, insufficient mastication, habitual use of purgatives, mental depression during digestion, sedentary employment, or whatever else tends to lower the tone of the digestive organs. It may occur, however, in persons of apparently vigorous health,

without discoverable cause. The most ordinary time of its appearance is several hours after food has been taken. Prodromal symptoms are: uneasiness at the stomach, faintness, depression of spirits, lassitude, and, perhaps, slight fever. After a late or indigestible supper, these symptoms may occur at an early hour in the morning. The pain is often slight at first, but increases until it becomes of great severity. The pain usually occupies one or both temples, the frontal region, or top of the head; more rarely it is occipital. The frontal pain is often oppressive. The parts affected feel hot, sometimes burning. Excessive nausea is often present, with inability to face the light or bear the slightest noise. A heated room, or stooping, sometimes aggravate the pain. There is often acute, throbbing pain in the eyeballs, which are tender to pressure. If the pain lasts long, the scalp may become tender, and remain so for some time after the attack. Sometimes the face is flushed; again, the surface of the head and face is cold. Warm fomentations occasionally afford relief. The attack may last for an hour or two, or persist 24 or 48 hours. When it is severe, complete relief is seldom obtained until after the patient has slept, although sleep is unattainable during the height of the attack. In some persons, vomiting ensues, followed by immediate relief; in others, more tardy improvement follows intestinal action. In some cases the pain remains a few days, or a week, passing off gradually. These latter patients become much prostrated, and are liable to a return of throbbing headache following mental employment. Under any circumstances, a dull headache is apt to remain for a time after the severity of the paroxysm has passed away. Sick headache is frequently periodical, especially in women. The interval is generally irregular, but may be two, three, or four, weeks, with variations of but a few days.

My paper has already attained undue size; other forms of head-pain must, therefore, be omitted. However, it will be seen that headache may be the reverse of insignificant, and that it may possess considerable diagnostic value; that it may, indeed, be the first or most prominent symptom pointing out a fatal disease. Of all varieties, I consider sympathetic headache the most important in ordinary practice; when recognized, it will often furnish a clue to diseased conditions that may not otherwise be discovered.

## MASSAGE.

"Massage," from the Greek *masso* (I knead or handle), is a term now generally accepted to signify a group of procedures which are usually done with the hands, such as friction, kneading, manipulating, rolling, and percussion of the external tissues of the body, either with some curative, palliative, or hygienic object in view. Its application should, in many instances, be combined with passive, resistive, or assistive movements, and these are often spoken of as the so-called Swedish movement-cure. There is, however, an increasing tendency on the part of scientific men to have the word "massage" embrace all these varied forms of manual therapeutics, for the reason that the word "cure," attached to any form of treatment whatsoever, cannot always be applicable, inasmuch as there are many maladies that preclude the possibility of recovery, and yet admit of amelioration. Hence the word "cure" may lead people to expect too much; and, on the other hand, the use of the word "rubbing" in place of "massage" tends to undervalue the application and benefit of the latter, for it is but natural to suppose that all kinds of rubbing are alike, differing only in the amount of force used.

According to the requirements of individual cases, massage may be of primary importance or of secondary importance, of no use at all, or even injurious. Concerning the extent of its usefulness, it may with safety be said that, at tolerably definite stages in one or more classes of affections in every special and general department of medicine, evidence can be found that it has proved either directly or indirectly beneficial, or led to recovery, sometimes when other means had been but slowly operative, or apparently had failed altogether. In view of these facts, it need hardly be said that those who would properly understand and apply massage should be familiar with its past and present literature; should also be familiar, not only with the natural history of the maladies in which massage may be applied when left to themselves, but also with the course of these affections when treated in the usually approved methods, so that improvements or relapses may be referred to their proper causes. Moreover, they should know something about the methods of others who have any claim to respectability in their manner of applying massage, so as to

compare them with their own. And yet, all these qualifications may fail if the operator has not, in addition, abundance of time, patience, strength, and skill, acquired by long and intelligent experience.

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The multiform subdivisions under which the various procedures of massage have been described can all be grouped under four different heads, viz: friction, percussion, pressure, and movement. Malaxation, manipulation, deep-rubbing, kneading, or massage, properly so-called, is to be considered as a combination of the last two. Each and all of these may be gentle, moderate, or vigorous, according to the requirements of the case and the physical qualities of the operators. Some general remarks here will save repetition: 1. All of the single or combined procedures should be begun moderately, gradually increased in force and frequency to their fullest extent desirable, and should end gradually as begun. 2. The greatest extent of surface of the fingers and hands of the operator consistent with ease and efficacy of movement should be adapted to the surface worked upon, in order that no time be lost by working with the ends of the fingers, or one portion of the hands, when all the rest might be occupied. 3. The patient should be placed in as easy and comfortable a position as possible, in a well-ventilated room at a temperature of about 70° Fahr. 4. What constitutes the dose of massage is to be determined by the force and frequency of the manipulations and the length of time during which they are employed. A good manipulator will do more in fifteen minutes than a poor one will in an hour, just as an old mechanic working deliberately will accomplish more than an inexperienced one working furiously. Friction has been described as rectilinear, vertical, transverse or horizontal, and circular. It has been stated, and very properly, that rectilinear friction should always be used in an upward direction, from the extremities to the trunk, so as to favor, and not retard, the venous and lymphatic currents. But a slight deviation from this method I have found to be more advantageous, for though in almost every case the upward strokes of the friction should be the stronger, yet the returning or downward movement may with benefit lightly graze the surface, imparting a soothing influence,

without being so vigorous as to retard the circulation, and thus a saving of time and effort will be gained. The manner in which a carpenter uses his plane represents this forward-and-return movement very well. Transverse friction, or friction at right angles to the long axis of a limb, is a very ungraceful and awkward procedure. It has been introduced on theoretical considerations alone, and may with safety be laid aside, for the method already spoken of, together with circular friction, will do all, and a great deal more, than rubbing cross-wise on a limb can do.—*Douglas Graham, M. D., in Popular Science Monthly for October.*

### GENU-PECTORAL POSTURE IN THE REDUCTION OF UTERINE DISPLACEMENTS.

BY O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

A great many different methods have been devised for the replacement of the many different uterine luxations. Some of these methods have been very ingenious, and have proved to be valuable auxiliaries in the treatment of these troubles, most of which have been by the aid of uterine sounds, with the patient either upon the back or side. In almost every case, these displacements have been reduced by the aid of manual efforts alone; *position* has not been counted among the means, and seems to have been overlooked entirely by most authors, as they direct the patient to be placed upon her back as a preliminary step to the operation. It has only been a very short time since posture has been recognized as having anything to do with replacement of the uterus, but, at this time, it would seem as though any physician having a good knowledge of the anatomy of the female pelvis, should know better than to place a woman with a retroverted uterus upon her back to attempt to replace that organ; and yet, for many years, that has been the practice with the bulk of the profession, and I question if it is not now the most frequently chosen position. I have frequently heard physicians urge, as an excuse for not putting their patients in the knee-chest posture, its inelegance; and there is not very much to be said in its favor as a graceful position, but the same thing can be said of all gynecological procedures. Women do not consult gynecologists to learn

how to assume elegant posture ; they go to their dancing-master for that, and come to us to get cured of the results of following their advice. I have never yet had a patient who refused to assume the knee-breast position, or who ever mentioned that they saw any impropriety in assuming it ; and it is a position in which I invariably put my patients to reduce any form of uterine displacements. There has been enough written of late upon this subject, so that I trust all, or, at least, all of the reading portion of the profession, are familiar with this procedure ; and yet, I do not believe the mass of the profession realize its advantages. The knee-chest position not only always puts the uterus in its normal position, but it is *the* position to put the patient in for almost any operation within the vagina. When it is necessary to make any kind of application to the os, with the patient in that position, the operator has but to lift up the posterior vaginal wall with his fingers, when the air rushes in, and distends the vagina like a bag ; and, not only can the os be plainly seen, but also every part of the vagina and uterine neck. To one who has never tried this method of reducing the displaced uterus, it is wonderful to see a uterus that has not been in normal position for years, upon lifting up the perineum, gradually assume its natural site ; and this can be seen in any case where the uterus is not bound down by adhesions. I always adjust the support with the patient either in this or Sims' position, which is the next thing to it, and then instruct the patient to assume that position whenever there is a return of those heavy, dragging sensations, indicative of displacement of the uterus.

It is not to be supposed that the intelligent physician will be led astray, and suppose that all that is necessary for a woman with a replaced uterus is that she should elevate her pelvis higher than her head to complete a cure ; for he should know that, no matter how often the displacement is reduced, unless it is kept there by some means which will keep it in place without distending the lateral walls, it will assuredly occur again. No matter how great their expansibility, the patient will not be benefited in the end, for these walls must have time to recover their tone (being the main support of the uterus).

I cannot close this paper without giving the report of a case



which, to my mind, illustrates this subject much better than anything I can write. Not long since I was called, in consultation with one of our city physicians, for the purpose of adjusting one of my uterine supporters upon a woman who, as the doctor stated to me, had been suffering from an old chronic retroversion for a number of years, and upon whom he had used almost every variety of pessary and uterine supporter manufactured, all to no purpose. He said the uterus would not remain in position long enough for him to walk from the lady's residence to his office; in fact, he said it would often become displaced the moment he took his hand from the vagina. He had concluded to try the "Soft Rubber and Silver Wire Uterine Supporter," and have me adjust it, and if that failed, he proposed to perform a plastic operation, as he believed there must be some adhesions which prevented the organ from remaining in place. I visited the patient with him, and upon making a vaginal examination I found, as he had stated, that the uterus was almost completely retroverted, and about as large again as it should have been; but it seemed to be perfectly movable, and I could not understand why it should not remain in place if a proper support was adjusted to keep it there. I requested the lady to assume the knee-chest position (we were making the vaginal examination with the patient upon her back), which she did, and did not manifest one-half as much astonishment at the request as did the doctor, who, in an undertone, asked me if I was in the habit of putting my patients in that position to examine them.

As soon as she was in the perfect knee-chest position, I lifted up the perineum with the front fingers of my left hand, and with those of the right depressed the anterior vaginal walls, when the vagina at once became inflated with air, like a balloon. I called the doctor's attention, and we had the gratification of seeing the uterus slowly pass from a state of complete retroversion to that of the normal position. The doctor was astonished at what he saw, and was honest enough to admit that he did not believe he had ever before replaced it, at least not as completely. We adjusted a supporter with a ring that exactly fitted the neck, and with the silver stem just long enough to protrude at the vulva, so as to get the exact leverage of the vagina, and left the patient. It has

been many months since the uterus was replaced, and it has remained so. The doctor treated her for some time, and tells me the uterus has been reduced to its normal size, and she has been enabled to dispense with the supporter.

Henry T. Campbell, A. M., M. D., of Georgia, was the first to describe this position, and his description is so perfect that I will give it: "Let the patient loosen all strings and fastenings of the dress and corsets, and place herself on the bed on her knees, bending the body forward till the head and thorax are brought down to the same plane as that on which the knees are resting, viz: the surface of the bed. The face may be turned to one side, resting in the two hands, while the elbows are thrown out widely from the sides. The knees are to be separated from five to ten inches. The thighs must be perpendicular to surface of bed. She must not arch the spine upwards, for this brings into forcible action the abdominal muscles, which should be perfectly relaxed." I have now used this method for several years, and do not hesitate to say that by this method of pneumatic pressure and intra-abdominal suction with the patient in the genu-pectoral posture, all *uterine displacements* may be reduced without the aid of either *sound* or *speculum*, barring, of course, cases of adhesion. As for the speculum, I scarcely ever use one, except for operations in the vagina. For means of inspection, there is no better speculum than the two first fingers of the left hand, used after the manner of Sims' speculum.

### SPASMODIC DYSMENORRHOEA.

BY PHIL. PORTER, M. D., DETROIT, MICH.

There is a form of dysmenorrhœa occurring under the class we are now considering, as having its locality especially in the uterus, yet not dependent upon any apparent structural impediment to the menstrual flow, although it arises from temporary functional derangement of that organ. To this species of dysmenorrhœa the term *spasmodic* has been given, and it has been specially elucidated by Dr. Mathews Duncan, of London, England.

Spasmodic dysmenorrhœa is often put down in the category of mechanical, or obstructive, dysmenorrhœa; but these latter expres.

sions should be limited to those conditions of flexions, or hindrances by the growth of fibroid tumors which really give rise to some more or less obstruction to the menstrual flow, whereas that class of dysmenorrhœa to which we give the name *spasmodic*, should be placed under the head of functional disease. The pain is of the character of a neurosis, and the cause, contractions more or less firm, occasionally intermittent or clonic, more usually persistent or tonic, of the uterus itself. Clonic spasmodic dysmenorrhœa arises when from some cause the exudation of the blood is in clots, and when the uterus tries to expel these as foreign bodies by a series of painful contractions, as in after-pains. In tonic dysmenorrhœa, the exciting cause may be the presence of an incipient fibroid, which, by its irritation, sets up a constant spasmodic effort, or series of efforts, on the part of the uterus, as if to expel it, the immobility of the mass, however, allowing but little intermission in the uterine efforts of contraction. In spasmodic dysmenorrhœa, the pain does not seem connected at all with the ovarian function. It usually sets in before menstruation properly begins, continues to increase in intensity up to the beginning of the flow, and is relieved by the flow itself.

The cause of this variety in the pain is, perhaps, not difficult to explain. The uterine contractions happening at the time when the lining membrane is undergoing its hypertrophic growth, seem to antagonize the natural increment of the uterine body; or the contractions, which to a certain extent have existed all along, are made manifest as pain in consequence of the hypertrophied lining opposing a certain antagonistic force to the pressure of the uterine contractions. The pain increases in severity "*pari passu*" with the progress of the menstrual condition of the uterine mucosa, until, at last, the flow takes place,—when the pain decreases, partly because the extrusion of the "debris" leaves more room, as it were, in the uterine cavity, and so lessens one factor of the antagonizing forces, and partly because the flow of blood lessens the vascular tension in the uterine contractile fibres themselves.

The diagnosis of spasmodic dysmenorrhœa may be arrived at by carefully passing the uterine sound, and watching the effect

produced. On reaching the inner os, and more especially when it touches the inside of the body or fundus, severe spasmodic pain is produced exactly similar to that experienced at the time of menstruation. The cases most subject to this form of dysmenorrhœa, are those in which the uterus is small and badly developed. The uterine canal is not in these cases, as in those of obstructive dysmenorrhœa, contracted or narrowed at any portion, but may be sufficiently patent to make one wonder why there should be any suffering at all; nevertheless, there does exist a so-called obstruction, such obstruction arising from the produced spasmodic contractions. The treatment of these cases requires care and patience. It is worse than useless merely to administer sedatives, for their effect, besides being only temporary, is to engender a craving for opiates which may prove more ineradicable than the disease they were intended to alleviate.

It is advisable, as the period draws near, to call into use hot sitz-baths, for their soothing effect and well-known action upon congested conditions of the pelvic viscera. If possible, the vaginal syringe should be employed, of which the cyphon douche is the best. This method of using hot water is, I believe, the simplest, least expensive, and, at the same time, as efficacious, as any syringe in the market. The syphon douche is arranged by filling an ordinary water pitcher holding about four or five quarts of water, varying in temperature from 100° to 110° F., a long India-rubber tube, from eight to twelve feet in length, stiffened by means of gutta-percha or sheet-lead at the bend where the tube leaves the vessel, to prevent its collapsing, and a hollow leaden ball at one end, and a vaginal delivery tube at the other. If the lead for keeping the tube in the pitcher cannot be easily obtained, tying the tube to the handle of the vessel will suffice, care being exercised not to collapse the tube; hard rubber is the best material for the vaginal tube, one similar to those attached to the Matteson's female syringe. An improvised stopcock, or a compress, may be made with an ordinary clothespin. The stopcock should be left open to allow the fluid to enter the tube and the air to escape, then shut off the stream until ready to use the injection. On opening the stopcock, or whatever is employed to compress the tube, a continuous stream of water can be made to

flow into the vagina until the vessel be emptied. If the fluid does not escape readily from the tube, draw the thumb and forefinger along the tubing from the vessel downwards.

The great advantage of employing the irrigator or syphon douche is, that the patient can administer the injection herself whilst lying in the dorsal position. The hips being placed over a bed-pan, or, what is better, a bed-bath, to which another flexible tube is attached to carry fluid away into a foot-pan, or any other vessel on the floor—the vaginal tube should be inserted as far as possible. Another method, which is simple, is to lie with the buttocks projecting over the edge of the bed, or a couch, the feet resting on two chairs, and a macintosh or oilcloth arranged so as to conduct the water into a vessel below. But the most efficacious method is the mechanical treatment. The uterus must be subjected to a process of not altogether gradual dilatation. I employ a set of Hank's hard-rubber sounds from 4 to 16, introducing carefully into the uterus the largest that can conveniently be borne, and allowed to remain *in situ* until all the pain that its introduction has produced has passed off.

In many cases when there is any tenderness of the cervix, it is a good plan to apply glycerine every night, on a cotton tampon, for a time, then the size of the sound increases at the next sitting. It is not necessary always to ascend through all the series of signs, as after e. g. No. 6 has been passed, No. 8 may be omitted, and No. 10 introduced. In employing dilating uterine bougies for the first or second time, I usually make use of only one or two sizes, then beginning with the size next below, the largest last used, and go on, at intervals of two or three days, until No. 14, or even 16, can be passed without pain or inconvenience. In a great many cases this method of procedure will be found to cure the patient; but if, after a few periods, there should be a recurrence of the symptoms, it will be necessary to have recourse to the same method of treatment.

It is seldom necessary to resort to more than a second treatment with the bougies for this disease, and we thus have the satisfaction of having cured one patient without submitting her to any severe or dreaded operation.

## A NEW OPHTHALMOSCOPE.

BY F. PARK LEWIS, M. D., BUFFALO, N. Y.



While in London, last year, I found the surgeons in many of the public ophthalmic institutions, and more especially in the Royal London Ophthalmic Hospital, using an instrument that, for the purposes of ophthalmometry, is, I think, unequalled. It was devised by Dr. L. Webster Fox, at that time Assistant Resident Surgeon of the last named institution, but now of Philadelphia. The *Lancet*, in describing the instrument, says:

“Its main features are the toothed-wheeled mechanism—the short focal length of the mirror for direct examination, and the large combination of lenses. It has two mirrors with focal

lengths of eight centimetres and twenty centimetres respectively. The mirrors are set obliquely, and can be rotated to any angle. By direct examination, the rays from the focal mirror are crossed in the lens of the patient's eye, consequently we do not have an inverted image of the lamp on the retina, but an evenly-diffused, brilliant circle of illumination. In high degrees of myopia (above twenty diaptres), owing to the fact that as the area illuminated becomes greater, due to the length of the eye-ball, the illumination becomes fainter; sufficient light is retained, however, to see the most minute pathological changes. If a more intense light is desired, the twenty centimetre mirror can be substituted. The disc,

which has a diameter of forty-two millimetres, has twenty-two apertures, admitting ten convex and eleven concave lenses. Added to this is a segment of a disc, with five apertures containing four lenses. By combination, a range of glasses may be obtained with intervals of half of one dioptré from concave .50 D. to concave .35 D., and from convex .50 D. to convex .22 D. The lenses are brought forward by the toothed-wheel system; one wheel is set on the disc, a second between this and the third, or finger wheel, lowest of all. They are all enclosed, only the milled edge of the third projecting far enough to allow its being rotated by the index finger. Each lens is centered accurately with the hole in the mirror by a spring action having its point of pressure on the peripheral end of the primary disc. The discs and cap are held in place by one screw; by removing this, all can be taken apart when necessary. The instrument is well-balanced by a good-sized ivory handle, and packed in a small case."

There are a few disadvantages connected with it, but they are trivial. If the handles were permanently attached to the instrument, the inconvenience of removing them for every examination would be avoided. For indirect examination, the instrument is not well-suited, as the mirrors are too small, and, altogether, it is too heavy. The Liebreich arrangement, or even a simple Galazousky mirror and lens, answers the purpose far better, but for direct ophthalmoscopy in no instrument do the requirements seem to be more perfectly met. John L. Borsch, 221 S. Ninth Street, Philadelphia, is the maker.

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#### SURGICAL.—A CASE.

BY A. P. DAVIS, M. D., DALLAS, TEX.

On the 24th of July last, a singular case of shooting occurred in Dallas, Tex. One Mr. Chas. Hodges, while revolving a pistol on his finger, had his attention called, and hurriedly handed the pistol to the owner, who stood behind a counter, and while doing so, it went off. The ball entered about one inch in front and on a level of the superior spinous process of the ilium, passed downward and inward, making its exit on the right side of the rectum, entered again into the thigh about two inches from exit, and

passed under integument, some two inches from which place it was cut out.

The ball evidently passed through the right iliac region, and through the peritoneum, making an ugly wound. I gave him, the first three or four days, *Rhus. 8x.*, after which I persistently kept him on *Silicia 6x.* every four hours, and used, externally, a solution of eucalyptus. There was no fever, except one day. The wound healed in four weeks, and the patient was walking about, and now suffers no inconvenience whatever. This is the most remarkable case I have ever witnessed of gun-shot wound, considering its location and size of ball (No. 42), though it is a noted fact that all wounds recover rapidly in Texas. The only drainage necessary was from the entrance of the ball. The patient was kept quiet, and fed on milk and beef tea.

I prefer the eucalyptus as an application to wounds in preference to anything else. I have seen its good effects in periostitis, and in all cases where there was threatened septicæmia. This may not be worth publishing, but it will show how much better wounds heal in this than in a northern climate, and the importance of letting wounds alone, and not be always probing them, and seeking some other than the outlet already made by the body that caused it. Good nursing, rest, and the proper attention to therapeutic indications, work wonders in many instances.

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#### SYMMETRICAL DEPRESSIONS IN THE PARIETAL BONES.

The skull-cap of an old woman, aged about seventy, presented a most remarkable appearance. In each parietal bone, 1 cm. from the sagittal suture, was an oblong, smooth depression, measuring on the right side 7 cm. in length by 5 cm. in width. These depressions were 1 cm. in depth, and, as they approached the coronal suture, they increased their distance from the sagittal. They terminated anteriorly 3 cm. from the line of the coronal suture. The deficiency of bone was evidently at the expense of the outer and middle tables, for the inner surface of the skull-cap was perfectly smooth. The bone at the bottom of the depressions was quite transparent, and only of the thickness of parch-



ment. In addition to the above described depressions, others were seen in the course of the lambdoidal sutures on each side of the occipital protuberance; these were similar in character to the parietal ones, and the bone was of the same thinness. The one on the right side was more marked, and measured 5 cm. in length by 1.5 cm. in breadth. The subject was a very old woman, whose bones exhibited very well marked senile osteoporosis. The left femur was very characteristic, and there was an intra-capsular fracture of the right. The astragalus could easily be broken down between the finger and thumb.

Prof. Humphry, in an interesting paper on these depressions, says he is unable to tell how they are produced; he does not believe they are caused by disease or accident, and suggests that they may be due to absorption of the outer tables of the skull, but remarks "that it is as difficult to know why absorption should attack this region as why deficiency of formation should be manifest here." Prof. Humphry has seen similar depressions in the skull of an ourang-outang, and also in an infant. In the case I have described above, I have no doubt the cause was senile osteoporosis; this supposition is strengthened by the fact that similar depressions existed in the course of the lambdoidal sutures, and that all the bones were more or less in an advanced state of osteoporosis. The lines of all the sutures had become ossified, and there was no trace of the serrations of the sagittal or lambdoidal. The coronal could be fairly made out. It is strange that most, if not all, the cases of the depressions which have been described have occurred in old women. I have elsewhere reported a somewhat similar case, also in a woman, but there was no decided osteoporosis present.—*Francis J. Shepherd, M.D., C.M., M.R.C.S., in Annals of Anatomy and Surgery.*

### ARTHRITIS DEFORMANS.

BY J. C. KENNEDY, M. D., PITTSBURGH, PA.

Mr. Brown, aged 42, coal-hauler, shoveling from ten to twelve hundred bushels of coal daily! Called at my office Feb. 6, 1882. He complained of severe pain in right shoulder joint, so severe he was compelled to quit work on that morning, not being able to harness his team. Upon examination, I found present all the

symptoms of arthritis deformans, with thickening of the synovial capsules. Aggravation when keeping quiet; awaking early in the morning; always feeling better from movement; appetite good, bowels regular. Rep.: Rhus tox. 1 m. one dose, and sac. lac. for four days, and directed him to report at the expiration of that time. He, however, reported Feb. 9. Very great improvement; had gone to work the second day after calling for first prescription. The pain had left the shoulder joint; also the pectoralis major and minor, and was afflicting the biceps and triceps muscles. Rep.: Rhus tox. 75 m., two powders, one taken in the office, and the remaining powder on the 13th inst.; sac. lac. three times daily. Feb. 16, reports no trouble with shoulder and arm, except at elbow joint. Had taken a heavy cold, with stiffness in neck, for which I gave him one dose of bry. cc. and two powders, to be taken the following day. I gave him one powder Rhus tox. 75 m., to be taken on the 19th, and now, up to this date, he has had no return of the trouble.

### THE CENTRAL OHIO HOMŒOPATHIC MEDICAL SOCIETY.

RULES AND REGULATIONS TO GOVERN THE SOCIETY'S PRIZE DRUG PROVINGS FOR 1883.

Drugs to be proven: *Arctium lappa*; *Carlophyllum thalactroides*; *Liquor calcis chlorinatæ*. Prize: Allen's Encyclopædia of Pure Materia Medica. Committee of Award: T. F. Allen, M. D., Professor Materia Medica and Therapeutics, New York Homœopathic Medical College; E. A. Farrington, M. D., Professor Institutes and Materia Medica, Hahnemann Medical College, Philadelphia; E. M. Hale, M. D., Professor Materia Medica and Therapeutics, Chicago Homœopathic Medical College. Society's Committee on Provings: Jno. C. King, M. D., (Secretary) Circleville, O.; J. W. Clemmer, M. D., Columbus, O.; E. R. Eggleston, M. D., Mt. Vernon, O.

#### CONDITIONS OF THE PROVING.

1. All provings must be in the hands of Dr. Jno. C. King, of Circleville, Ohio, on or before September 1, 1883.
2. Each prover must keep a separate day-book of symptoms, carefully written with ink upon one side of each sheet only, and

punctuated. We advise the use of a blank book for this purpose, but loose sheets may be used, if of an uniform size, and numbered.

3. The drug used must be procured from BOERICKE & TAFEL, or their agents; not that other houses are unreliable, but to secure uniformity of preparation. Any potency, from the tincture up, may be used; but, in all cases, the potency given, the hours and methods of administration, must be recorded each day.

4. To constitute a proving, at least two persons must have taken the drug; if the drug chances to be *caul. thal.*, at least one of these must be a female. A physician, ordinarily busy, can keep track of from nine to ten provers. Each prover must be kept under observation, and his record be kept for at least thirty days after the last dose has been taken. No antidote to symptoms should be given, if possible.

5. Each prover must be reasonably healthy. Each day-book must be kept at least one day before the drug is administered. The prover must record in it his daily condition; and, as a preface, his personal history so far as connected with his health; also, habits of life, use of stimulants; also, name or initials, age, sex, condition of life, height, weight, color of eyes, hair and skin, temperament. If a married woman, must state whether nursing a child, or pregnant, and, if not, whether pregnancy has ever occurred. We insist that *sac. lac.* be given to the prover (except it be the physician) during the preliminary week, to test his imagination. The prover, except it be the physician conducting the proving, must not know what remedy he is taking. In the preliminary record the physician must state (in brackets, his name or initials being signed thereto,) the results of his observation and physical examination of the prover. We recommend that the latter include all the organs of the body.

6. The prover should make, if possible, an entry in his book daily, and each day's record should be dated. The hour of appearance and disappearance of symptoms, and conditions of aggravations and ameliorations should be noted. All symptoms should be noted, if possible, at the time of their appearance. If symptoms are absent on any given day, a statement to that effect must be recorded. Provers should report to the physician in

charge daily, if possible. The physician must record in prover's day-book the results of his examinations, whether negative or otherwise (in brackets, his name or initials being signed thereto.) Physical examinations should be made at least once a week, and as much oftener as symptoms require. Each one will vary in the completeness of such examinations, according to his knowledge, instruments and carefulness. We desire to leave to each the largest liberty in all things, but we recommend that special attention be given to the conditions of the skin, ears, eyes, nose, mouth, throat, stomach, bowels, liver, sexual and urinary organs, heart, lungs, general nervous system, spinal cord, and mental symptoms. The prover is often incapable of recording the latter, owing to the mental condition itself; all other points noticed are more or less susceptible to physical examination by the physician, yet impossible to the prover himself. The method of examination must be stated; as, the reagents used in testing the urine; ocular or digital exploration of rectum or uterus; instruments used, etc. If the physician himself, for any reason, is forced to keep the day-book—as when the prover is kept ignorant of what he is doing—the fact must be stated. The physician must impress upon the prover the importance of a complete and accurate record.

7. The physician in charge must prepare a final *resume* of the records in the day-books, placing each symptom under its appropriate heading; as, *eyes, heart, etc.*

8. The day-book of each prover, with *all original* records in each case, must be forwarded with the final report of the physician in charge, to Dr. KING, as above stated.

These conditions are not intended to be rigid; an excellent proving may overstep them in one or more particulars, but the nearer the requirements are complied with the better the result will be. The committee on awarding the prize will, of course, consider the above conditions, but will also exercise the fullest freedom, allotting it to that which is, in its opinion, the most valuable proving.

All who desire to undertake this work are requested to notify Dr. KING, and we hope that all who receive this circular will be so impressed by the importance of the work as to engage in it, or if that be impossible, to induce others to do so.

THE COMMITTEE ON PROVINGS.

JOHN C. KING, Circleville, O., Secretary.

## CORRESPONDENCE.

## PATHOLOGY AND HOMŒOPATHY.—A RESPONSE TO DR. LAIRD.

That "the address delivered before the Maine Homœopathic Medical Society," by Dr. Laird, was "a defense of eclecticism," was not charged in my notice of it in the Aug. 15 number of the COUNSELOR. I did not, by any means, so regard it, but rather as an unwarranted claim that we, as a school, are, by comparison with the "regular" school, so grossly deficient in pathological and diagnostic acquirements and knowledge, as he represents. I assumed that *our* medical professors were fully competent to teach those branches, and that, therefore, that those who held their certificates of "entire fitness for all the requirements that are predicated thereon," *should be* fully qualified to put them into practice. I have not said that they—both teachers and scholars—are not thus competent and qualified. The responsibility of this implication does not rest with me, whatever my private opinion on that subject may be. That errors in diagnosis are not by any means confined to the homœopathic school of medicine, I know, and that they are as gross and of as frequent occurrence in the "regular" school as in ours, I verily believe. A physician of either school who holds "the certified evidence of his fitness," etc., and who should diagnose measles for scarlet-fever, or *vice versa*, or one who would be unable to differentiate direct from reflex pathological phenomena by their *totality*, would show himself quite unequal to all the requirements predicated on his diploma, certainly for those of the thoroughly-equipped physician. So far, then, as this view of the subject is concerned, the doctor has, in his "Reply to T. F. P.," only put up a "man of straw," which I admit he has successfully demolished, but not that "T. F. P., and such preceptors as he," "teach that a knowledge of pathology and of diagnosis makes only the showy physician," nor that they are not requisites. I have never inculcated, much less practiced, upon such a theory as this; but I do affirm that those accomplishments, unaccompanied by as thorough a knowledge of therapeutics under a natural law of cure, do make only the showy and not the successful *physician*, this and nothing more.

As to those "men who greeted with a howl of execration Dunham's plea for 'liberty of medical opinion and action,'" I, for one, do not know who they are, or where they are to be found. But *Dunham's* plea was quite a different affair from the one that has been predicated and built upon his celebrated Chicago address, and which has, at last, found *authoritative* expression through the resolution adopted during the last hours of the Indianapolis session of the Institute, and which demands "*absolute* freedom of medical opinion and *unrestricted* liberty of action," a plea which may not be justly saddled on him, for the reason that he never authorized, nor would he now sanction, such a renunciation of the faith that was in him, nor so grossly belie his life-long manifestation of that faith in his strict adherence to the "strictly inductive method of Hahnemann." This latter "plea" demands entire freedom from these, and from all *law*. Dunham's did not, but on the contrary, a perfect subservience to the law of similars as taught and practiced by Hahnemann and his immediate followers. This "plea" demands a recognition of, if not complete subservience to, allopathic methods and usages, and permits the widest possible deviation from "the strictly inductive methods of Hahnemann," and is one that Dunham would scout and denounce to the uttermost, were he capable of so doing by his personal presence. Any other supposition would be a stigma upon his name, and an insult to his memory. This "plea for liberty of medical opinion and action," *should be* met by "a howl of execration" from one end of the land to the other by all who claim to be homœopaths and admirers of Carroll Dunham.

I have sufficiently, already, noticed the importance of an ability to correctly diagnose pathological states, and to discriminate between symptoms that are direct and those that are reflex, as indicated in the doctor's "Reply" through his reference to chorea, epilepsy, phymosis, and circumcision, and remain of the same opinion still, that a "thorough knowledge of the symptoms of *any* given case bring with it a knowledge of its pathology"; but this only from the homœopathic standpoint, where a complete diagnosis of "*any*" and of *every* "given case" comprehends and compels an equally thorough diagnosis of the symptoms of the similar drug as of those of the case itself, and of the conditions of their

manifestation when the symptoms of the case are both objective and subjective; and when they are only objective, of the appropriate methods of their treatment, be they therapeutic, chemical, hygienic, or surgical. This comprehensive and complete apprehension of a true "diagnosis," is not possible to the allopath or eclectic, and therefore he is not capable of becoming so thorough nor so accurate a diagnostitian as his despised homœopathic brother. If a *cure* be its objective point, his diagnosis can be only partial and imperfect, through the want of as complete a knowledge of the drug symptoms as of those of the pathological state. The true, and the truly scientific, pathologist and diagnostitian of the future, may only be looked for within the homœopathic ranks, and under "the strictly inductive methods of Hahnemann"; even now he is, not unfrequently, to be found there.

As to statistics regarding the comparative results of homœopathic and allopathic treatment, for which the doctor asks (of course thus admitting his ignorance of their existence) for a specimen of them, I will refer him to a paper of Dr. P. P. Wells, of Brooklyn, N. Y., published in the *North American Journal of Homœopathy*, in the number immediately previous to Sept. 19, 1878, and republished in pamphlet form by the Central New York Hom. Med. Society shortly after, entitled, "What is Homœopathy?" Here he will find a sample record of what a fair comparison of the two systems will show for homœopathy. I presume that similar records may be found in the manuscripts of the *American Review*, and in many other journals and reports of those days, and before this "modern degeneracy had reached us," when such statistics were not uncommon, and were held as fully reliable. I shall not undertake to hunt them up, but the doctor, if he is in earnest in his search for them, will have but little difficulty in finding them, I opine. But as it is much easier, as it is now-a-days all the fashion to credit allopathy, as he does in his "Reply," for the difference in the ratio of deaths now and then, as between it and homœopathy, I may fairly presume that his search will not be a thorough or a diligent one. "Of course, the entire revolution of" *homœopathic practice* "within the past few decades, the substituting of" allopathic and eclectic treatment for Hahnemann's strict inductive methods, does not count. "Cer-

tainly not. To admit this would spoil the force of his argument," run counter to the current of the popular prejudice of the profession, as also against the chances for old-school recognition, and of consultations upon a recognized equality with it. *That* cannot be thought of, no matter at what cost to homœopathy, to consistency, and to common honesty. These, if need be, must all be laid upon the altar with the sacred memories of the departed heroes who fought so bravely, and so successfully, for that which modern vandalism now as vigorously and determinedly is seeking to demolish, and is so ready to surrender for the empty, if not deceptive, promise of allopathic approval and recognition.

As regards "invective and personal abuse," I quite agree with the good doctor. Although I do not admit the charge as to myself, I will, nevertheless, "call it even," and refer the readers to the paper (lecture) which I at first commented upon. In the July number of the MEDICAL COUNSELOR it will be found.

T. F. P.

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In an article in the last COUNSELOR, W. S. Laird says: "Chorea, epilepsy and paralysis in children may all depend upon congenital phymosis; and he who prescribes for the totality of the symptoms and ignores the pathological anatomy, will have many brilliant failures and no success to report." I would respectfully inquire whether the existing phymosis has not something to do with the totality? I opine that it has. And when, as in the above-mentioned cases, the bistoury is used to excise the prepuce, the operator certainly prescribes for the totality of the symptoms. "Totality" admits of a wide range, and consists in the recognition of subjective and objective symptoms, physical exploration, pathological anatomy and chemical analysis, together with a proper consideration of infant feeding, bad sanitation, climate, and the influence of certain trades or business, etc., without which (when they are present) the totality is not obtained.

The writer is not a dilution extremist in any sense of the word, nor is he defending T. F. P.

C. H. EVANS.

Chicago, Ill.



## THE LIBRARY.

PHTHISIS PULMONALIS. By G. N. Brigham, M. D. New York: Boericke & Tafel. 1882. Pp. 244.

We already have quite a number of able monographs on phthisis, upon some of which, from a pathological standpoint (especially with a few revisions bringing them up to date), it would be very hard to improve. Dr. Brigham evidently does not intend to enter into competition with these, but after presenting, briefly, comparing, and making deductions from, the views of Bennett and Virchow, intermingling his own reflections on many points, and giving what, we are afraid, would not appear to a novice a very clear abstract of physical signs, he enters with a will on what he considers the most important part of his work—the management of the disease. None of us have yet had such unvarying success in this direction as to feel no interest in such a discussion. We find many valuable suggestions as to climate, hygiene, and dietetics, and particularly full and well-prepared indications for the use of homœopathic remedies. We confess, however, that we should hardly dare to treat a case of this disease (unless absolutely hopeless) with the 100,000th, or even higher, potencies, sometimes recommended in this book, or to give our doses of medicine only at intervals of two, three, or four, weeks. Nor have we ever known death to be occasioned in four days by night and morning doses of the third dilution of sulphur (page 189). Neither can we quite endorse the MM's of *Tuberculinum* and other nosodes; nor the following remark on page 225: "In consumption, everything depends upon the potency; the lower potencies are vile and pernicious. I once provoked fatal activity of the secreting vessels in a pulmonary consumption with a third potency, so that my patient was absolutely drowned out." Still, there is so much of good left in the book, that we consider it quite an acquisition to our literature.

We are glad to see that Dr. Brigham includes *infection* among the causes of phthisis. Any reader of his book, however, not previously posted, would certainly infer from it that Rindfleisch, the only authority quoted from it, had *originated* the idea; whereas it was held, certainly more than 2,000 years before Rindfleisch was born, and has since then been accepted by a great many of the most prominent thinkers in medicine, especially of late years, among whom Rindfleisch is only one, and by no means the most conspicuous.

Our appreciation of this book is based mostly on its therapeutic value from a homœopathic standpoint, which, of course, is independent of potency, and we expect to derive much assistance from it in the selection of the remedy.

H. C. CLAPP.

## MEMORANDA.

The Minnesota State Homœopathic Institute will hold its first semi-annual meeting at Owatonna, Minn., on October 17 and 18, 1882. There is every reason to expect a profitable meeting.

Dr. J. G. Gilchrist's "Surgical Emergencies" is going through the press. Publishers: Duncan Bros.

Dr. C. F. Canfield has removed from Indianapolis Ind., and has opened an office at 244 Lincoln Avenue, Chicago, Ill

**MARRIED.**—On September 26, 1882, W. F. Edmundson, M. D., to Miss Maggie H. Busha, all of Pittsburgh, Pa. *Congratulations!*

A favorite seat for the bacillus of tubercle, according to Chiari, to lie dormant in obscure cases, is the suprarenal capsule; from this point frequently the acute disease starts, leaving no organ in the body untouched.

Pidoux, the eminent collaborator of the late Trousseau, died at Paris, September 4th. He took his first degree in 1835, and had been a member of the Academy of Medicine since 1864. He was also a member of the Legion of Honor.

Prof. E. S. Wood, M. D., of Harvard College, and Prof. B. F. Davenport, M. D., of the Massachusetts College of Pharmacy, have been appointed the analysts under the act relating to the adulteration of food and drugs in Massachusetts.

We are glad to learn from Messrs. Boericke & Tafel that they are meeting with unexpected success in securing subscribers to their "American Medicinal Plants," illustrated by Millsbaugh. It is to be hoped that before long the required number of copies will be taken, and that the publication of this valuable work will be commenced soon.

There was a special meeting of the Nebraska State Homœopathic Medical Society held at Omaha, Sept. 13. Dr. Bumstead resigned his position as secretary, and Dr. G. Simmons, of Lincoln, elected to fill the vacancy. A committee on legislation was appointed, consisting of Drs. Paine, of Lincoln, Hart, of Omaha, and Lashlee, of Grand Island.

**MARRIED.**—At Cincinnati, O., on Wednesday, October 4, 1882, by the Rev. Mr. Fitch, G. P. Geppert, M. D., to Miss Dora Nelson, all of Cincinnati. Miss Nelson, now Mrs. Dr. Geppert, is the principal of the Cincinnati College of Music; Dr. Geppert, until very recently assistant editor and publisher of the *Medical Advances*, needs no introduction.—*May their wedded life be full of sunshine.*

The widow of a medical student, whose family need the money invested, offers for sale books and instruments left by him. Among them are the following: A Brewer Speculum; one bin-aural stethoscope; Gray's Anatomy (sheep); Flint's Physiology (cloth); Dunglison's Dictionary (sheep); Raue's Pathology and Therapeutics; Loomis on Physical Diagnosis; Thomas on Diseases of Women, etc. The books are in good condition, and will be sold at a discount of 20 per cent. Let those of our readers who wish to buy remember that they can do a kindness by addressing Mrs. A. H. Shultze, 49 Rich Street, Columbus, O.

Prof. Erb goes to Heidelberg as successor of Friedreich.

Paul Vogt has been called to the Chair of Surgery at Greifswald, in place of the late Hueter.

**DEATH IN A DENTIST'S CHAIR FROM CHLOROFORM.**—A lady living in Dunnville, Ontario, died in a dentist's chair on September 11th, while under the influence of chloroform, which had been administered by her physician for the purpose of having some teeth extracted.

**DIED.**—At Pittsburgh, Pa., Dr. L. M. Rousseau, aged 68 years. Dr. Rousseau was a member of the American Institute of Homœopathy, and of the State Society of Pennsylvania, since 1836, a member of the County Society since 1865, and, in 1873, was the president of the latter organization. Deceased was a faithful member of the Catholic Church, and held the respect of all who knew him. The *post mortem* showed enlargement of the heart with fatty degeneration.

**STIMULANTS.**—Rev. Henry Ward Beecher, in a recent address before the N. Y. Business Mens' Moderation Society, commented upon the craving for stimulants experienced by all hard-workers. He believed at one time, he said, in total abstinence, but now recognized the need of light stimulants for over-worked humanity. For this opinion, the great divine has been severely taken to task by the total abstinence people, who maintain that our physical welfare revolts against stimulants of all kinds. This is no doubt an extreme view; there are moments of weariness and lassitude during the heated term of summer, which require the use of stimulants to revive and refresh; but need the stimulants be alcoholic? Prof. E. N. Horsford, late professor in Hartford University, and a chemist of eminence, has given the subject much earnest study, and, after a series of careful experiments, has produced a preparation called "Horsford's Acid Phosphate," which furnishes an answer to the above enquiry, both conclusive and of great practical benefit to the whole American people. It is designed to take the place of alcoholic stimulants for those accustomed to their use, while at the same time superseding lemonade and other nerveless compounds as a refreshing, delicious summer drink. Based upon the well known vital properties of the phosphate salts, it is recommended for headache, mental and physical exhaustion, prevention of sunstroke, and other ills incident to the sultry season. It is not a medicine, but a food tonic, indorsed by many of the highest medical authorities in the country. Temperance and anti-temperance druggists, grocers, and general dealers, may "pool their issues" upon this preparation, combining, as it does, all the virtues claimed for liquors, and more than all those for the drink of teetotalers. The Rumford Chemical Works, of Providence, R. I., have undertaken its manufacture upon an extensive scale, and have met with generous encouragement by the wholesale drug and grocery trade, East and West, in their efforts to secure prompt introduction of this already celebrated preparation.

# THE MEDICAL COUNSELOR

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

H. R. ARNDT, M. D.,

EDITOR.

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## INFANT FEEDING.

BY F. W. HALSEY, M. D., MIDDLEBURY, VT.

With the advent of the heated term no subject causes more anxiety to the physician than this. The question of proper food, and how to vary it so as to suit each child in sickness, and in health, is of vital importance.

When the mother can nurse the child, provided she herself is well, the problem is solved, and our words of caution are all applied to her, that through her own perfect health she may give the same inheritance to her child. But at the present day, how small a proportion of mothers nurse their own children physicians alone know. It is with these unfortunate little ones we have to deal, and it is in their behalf I write.

True, we have an extended literature on this subject, but it has not filled my wants; it is neither sufficiently condensed nor practical.

If it is decided that the mother cannot nurse the child, what shall we feed the baby?

*Asses' and Mare's Milk* approach nearest to mother's milk, but from the impossibility of obtaining them it cannot be thought of.

*Goat's Milk*—Goat's milk in its natural state (fresh from the goat) has been considered by many as the next preferable milk. Physicians at various times have warmly recommended it. Hospitals and Foundling Asylums have been erected to carry out the theory of some enthusiast on the subject, only to fail and die a natural death, as all things started on a false theory are bound to do. It has been demonstrated beyond a doubt, that the milk from goats is objectionable on account of its richness and its odor,

it being only in very exceptional cases that the milk will agree with the child. We cannot, therefore, rely on this.

*Cow's Milk*—Cow's milk then, naturally suggests itself as the substitute upon which we must depend. Our first duty will be to inquire wherein cow's milk differs from breast milk, and we find the essential differences to be these: Breast milk is naturally alkaline. Cow's milk is very variable, and unless the animal is pasture-fed, generally acid. We next find breast milk to contain *more* sugar and water than cow's milk, and *less* casein and butter. We also find the casein of cow's milk to be far less digestible than that of breast milk.

We must prepare the milk to resemble breast milk as nearly as possible, and to do this my plan is as follows: At least a quart of fresh milk should be set in a bowl, in a cool place, and carefully covered with a clean towel, so that all odors of which the milk is sure to take to itself, may be excluded. It should be allowed to stand for at least two hours. The quantity of milk to be prepared for the day must then be carefully dipped by a tablespoon from the top of the milk, thus avoiding the excess of indigestible casein which we would get were it carelessly poured out. To one-third of milk, for a babe under three months, two-thirds of water, previously boiled, should be added a small quantity of sugar, say half a teaspoonful to a pint, and to this, especially in hot weather, half a teaspoonful of lime-water should be added, and the whole given to the child milk-warm. We have now a fluid resembling mother's milk very closely, and likely to agree perfectly with the baby. It is true, these directions can only be followed at the expense of a little extra care and trouble, but if we expect good results they can only be attained by such care.

*Sweetening with Sugar of Milk*—The popular impression has been that sugar of milk is to be preferred to cane sugar, on account of its being the natural production of milk, and also because it contains phosphates. This is an error, "and it is a fact of much greater importance, that milk sugar turns to lactic acid in a very short time, and that thus an excess of acid accumulates in the stomach, that through it protein coagulates and is rendered indigestible, and that it loosens alkalies and lime from its

phosphoric combination, thereby eliminating phosphoric acid before the proper time, giving rise to diarrhœa and rhachitis."

These are certainly sufficient reasons why sugar of milk should be carefully avoided and cane sugar used in preference.

*Boiling the Milk*—Boiling the milk checks its tendency to become sour and eliminates a portion of its casein and butter. Gas in large quantities is sometimes set free, which diminishes its tendency to form lactic acid. Some physicians on these accounts recommend the milk always to be boiled. My experience has been that this cannot be done, unless some cereal is added to the milk, without tending to produce constipation, thus more than counterbalancing the good attained. Of course, if the babe is a little inclined to looseness, good results can be attained by following this plan.

*Salting the Milk*—Many authorities recommend that a small pinch of salt be added to the milk whenever prepared. That salt is a necessity for all animals, experience has proved beyond a doubt, it acting in two ways, part being absorbed in solution, and helping endosmosis and exosmosis, and part being decomposed to find another soda salt and hydrochloric acid, which is an ingredient of the gastric fluid.

A better method than this, to my mind, and less likely to result in getting an overdose, is to see that the cow is salted properly once or twice a week.

*Milk from one Cow*—Is it safe, and does the child thrive better, if fed milk from one and the same cow, than if given the mixed milk from a dairy?

Dr. Jacobi of New York prefers to take his chances on the mixed milk, claiming that the cow is liable to change in health, which may seriously affect the child. Would not this same argument hold good in regard to half a dozen cows, and would not the diseased milk from one or two sick cows be sufficient to render the whole unfit for use? At the risk of seeming presumptuous, I must take issue with the doctor on this point. It hardly seems to me that a man living in a large city has a fair chance to judge in this matter. I will venture to say, that not in one case in twenty does the person living in a large city and paying the milkman for milk from one cow,

get it. The milkman carries a small can, to be sure, but he generally stops at the corner and fills it from the large can. It is almost an impossibility to control this matter in a large city. With us in smaller cities and towns, we can select our cow and her owner, and by close attention to the feeding and preventing the cow being slopped, we can secure a milk much more uniform than by trusting to luck and taking the milk from an indefinite number of cows.

*Condensed Milk.*—Where difficulty exists in getting good fresh milk, condensed milk has been resorted to, and I have known nurses to prefer it. In an instance recently the child almost perished from the persistency of the nurse in the matter. Where it is given alone—that is, simply diluted with water—Fleischman says it causes a predisposition to thrush or diarrhœa. Kehrer also claims that, diluted, it readily forms lactic acid, and delicate children will not thrive on it. It has been thoroughly tested in New York and other cities, and in every instance it has been discarded. Isolated cases are reported of children doing remarkably well on it, but they are the exception. The manner in which it is packed for the market (referring to all brands put up in cans) is enough to condemn it in my mind.

*Artificial Foods.*—Cases arise, and not infrequently, when it becomes necessary to substitute for, or to add, some food to milk. The greatest care has been exercised in the proper dilution and preparation of the milk, and our baby utterly refuses to take it, or, if it does, to thrive on it. What food shall we select to save our little patient's life? The trouble now is, not from the lack of preparations to select from, but, like our own *Materia Medica*, from their multitudi-variousness (*that word is our own*). It would be amusing, were it not such a serious matter, to hear physicians recommending and condemning these various patent foods, right and left. Like the old story of the Chameleon, they are all right, and they are all wrong. In too many instances, we have to cut and fit till we get the proper food. Most of us, when driven to the wall, have tried some of these foods, and have had good results from some of them. Where by these helps we have nursed a particularly delicate child, through its early years, we have felt inclined to accept at least a part of the statement of the firm pre-

paring the same, and have believed we were not giving all starch to say the least. But when I takè up a copy of the American Medical Weekly, as I did lately, and find from the microscopical works of a man supposed to be eminent in that branch of his profession, that several of the favorite foods on which we had pinned our faith, Imperial Granum, Ridge's Food, &c., &c., are all starch, instead of gluten, and only approach common wheat flour, our faith in human nature is somewhat shattered, and we are thrown back on the question, how do these things act, and why did I get such good results? Within a few weeks however, my mind has been somewhat relieved of this strain by an article in the Medical News, of Jan. 24th, by Prof. Richardson, of the University of Pennsylvania, in which he criticizes the work of Dr. Cutler, just mentioned, as a serious microscopical blunder. I am inclined to think Dr. R. is right, as practical experience will always outweigh scientific deductions, especially when these deductions are possibly erroneous.

To those who are disinclined to the use of any of these foods, we have two most excellent cerials to fall back on. Our selection naturally falls on those containing the least starch, and richest in protein substances. These are oat meal and barley. Oat meal we give where there is tendency to constipation, and barley where the reverse exists. My plan is to boil the oat meal, or barley, three hours or more—it can hardly be boiled too long; run this through a fine strainer, and we get a very thin gruel to be added to milk, instead of water to dilute it. Children will thrive wonderfully well on this diet.

*Regular Time for Feeding.*—It is not practical, nor possible, to lay down a rule subject to no exceptions in the matter of diluting the milk, that of some cowes being very rich, and many children extremely sensitive and delicate, requiring that the milk fed them be at first very much diluted. Constant and persistent vomiting would, of course, indicate this state of things, and diluting the milk a little more would at once rectify the trouble. Others, with strong digestive organs, would take milk far stronger, and would soon show that they cannot gain unless they have hearty food. While on their account we are obliged to allow some leeway in this matter, when it comes to regularity in feeding, we can-



not be too exact. I think I can safely affirm, and most physicians will bear me out in the statement, that no one cause is so prolific of indigestion and often serious derangement in the baby, as that of irregularity of feeding, giving the child the breast, or the bottle, whenever it cries, or cannot easily be pacified. Much has been written on this subject, and till within a few months I had never heard its importance questioned. A well educated physician whose patient I was called to see, had, in answer to the question, "when, and how often, shall I feed my baby?" given answer, "Feed her whenever she wants it." The mother had followed his advice, and as the only language of the little one was a cry, whenever she cried, "she got her dinner," and she soon came to the point of crying most of the time, in fact *all* the time she was not nursing, and then she got Dover powders and soothing syrup and such stuff, to quiet the pangs of indigestion, and an overloaded stomach. Oh, learned doctors! oh, simple mothers! And you wonder why so many of the little innocents die. A babe under three months should nurse not oftener than once in two hours through the day, and two or three times (at most) at night, and in a very short time the little one will be as regular as a clock. After three months the interval should be increased to three hours during the day, and twice at night. This can be followed out till the babe is eight or nine months old, when the interval can be increased to four hours, with profit. I have never seen a child who could not be educated on these rules with profit to it and comfort to the mother.

*Care of the Nursing Apparatus.*—Let our selection of food and its preparation be attended to ever so carefully, should a failure be made in the care of the nursing bottle, and connection therewith, our trouble will be in vain. A nursing bottle and tubing can be kept perfectly sweet and clean, but it is only by almost hourly vigilance that it can be done. If this matter is trusted to the nurse or servant, it will not be done properly. Every mother must supervise the matter herself. Two sets of bottles and tubing are almost a necessity. After nursing, the bottle should be rinsed at once with hot water, thoroughly, and either hung on a peg to dry, or left full of clean

water. The tubing should be detached from the nipple and glass tube, and a stream of water from a faucet, hot if possible, run through each part, otherwise the water should be drawn through thoroughly, by suction with the mouth. Twice a day, at least, a slender, wire-bristle brush should be drawn through the entire tubing, carefully rinsing afterward, and the bottle should be rinsed in hot soap suds. The parts thus cleaned and separated should be left soaking in a vessel of clean water till they are ready for use. If these directions are rigidly followed, the results will more than repay the extra care.

### ACUTE MILK-POISONING.<sup>1</sup>

BY E. F. BRUSH, M. D., ATTENDING PHYSICIAN TO THE N. Y. INFANT ASYLUM.

“Many of the diseases affecting the digestive organs in infancy are nothing more nor less than milk-poisoning. This is absolutely the cause of *cholera infantum*. I think we should be justified in dropping entirely from our nomenclature the term *cholera infantum*, and calling the disease which has hitherto borne this misleading name by its real term, “acute milk-poisoning.” We would thus simplify the treatment by keeping before the practitioner the true cause of the disease, and no other suggestion would be necessary to indicate that the poison ought to be stopped. This is not done now, nor do the text books point out the absolute necessity of this being done. There is no doubt, too, it will not be done as long as we account for the disease by teething, excessive heat, brain troubles, and so forth. When I tell you, gentlemen, that I have looked to the health and feeding of more than two hundred children this summer, and have not lost one by any acute intestinal disturbance, you may concede to me the right to speak; and when I have given you the facts winnowed from a year’s observations of diseases caused by milk, I cannot but feel you will agree with my conclusions.

Even if we had not facts it seems to me that we could theorize to the same conclusions. Our cows are secreting milk abnormally, and I use the word “secreting” in the sense we understand it physiologically. We keep up the activity of the mammary gland from parturition to parturition, this is, through heat and

<sup>1</sup> Read before the Westchester County Medical Society, September 12, 1882.

pregnancy. This process being carried on through generations in the bovine race has resulted in the mammary becoming an excretory gland. When a milking cow eats food which would cause diarrhoea in other animals, she simply gives more milk, and the bowels are seldom much disturbed; but the poison is conveyed to the infant. As on this fact much of my argument is based, and to show that it is no new fact of which I am the solitary observer, I quote the following statement from J. P. Norton, M.A., Professor of Scientific Agriculture at Yale College: "All the effects of poisoning may be produced by the milk without the cows being apparently affected by the pasture." Now the conditions that render milk poisonous are:

1st. *Feeding.* The sudden change from the dry food of winter to the full flush of grass, picking up green fruit, eating brewers' grains which make the milk more albuminous and, therefore, more prone to putrefaction with the increase of summer temperatures, eating poisonous weeds, and drinking poisonous stagnant waters.

2d. *Treatment.* Dairy farmers endeavor to have their cows calve in spring time when the grass is plentiful, because then the feeding is cheapest and the amount of milk to be got is greater. Now, if a cow calves in May, she is usually in heat again in forty days, this brings the period to the last of June or the beginning of July. If she were allowed to become pregnant then, her calving time would occur too early next year to get the flush of milk at grass time. Consequently she is allowed to worry and quite often excite the entire herd. This condition affects milk so perniciously that cheesemakers exclude it from the factory; the odor sometimes is perceptibly putrid, and almost always easy to detect when the milk is heated in a water-bath. Again, the milk is affected when the cow takes the bull. I have found by observation of my own cows that the milk following the act is always decidedly acid. In the subsequent pregnancy there can be no doubt that the nutritive quality of the milk is lowered. Last, but not least in the treatment of milch cows as a cause of poisonous milk, is the cruel abuse to which they are subjected.

3d. *Diseases which space will not at this time permit me to enumerate.* I will, however, here record my observations on a very common disease in milch cows—common because it occurs

frequently, and requires little or no treatment, and the milk thus affected finds its way to the market, to convey poison to the children. Last winter I made an experiment on one of my own cows. I bruised one quarter of the udder, thus producing traumatic garget. This often occurs in pastures by the cow striking the udder against stumps and the like. I found the milk from the gland in the affected quarter for a number of days stringy; lumpy, and pus-like, but always alkaline. The milk from the three unaffected quarters presented no abnormal appearance; but, while the traumatic condition existed, was always decidedly acid. When this condition had lasted four days, I gave to one of my own children, aged sixteen months, about four ounces of this acid normal-appearing milk. This was at five o'clock in the evening: The child fell asleep, but was awakened in two hours, crying, apparently with stomach-ache. She was kept awake till past midnight, and a large quantity of acid was voided *per rectum*. The next day the bowels were slightly disturbed. It is easy to imagine if four ounces had this effect, what would be the condition if the child had been fed continuously on such milk.

Returning to the results of treatment, I will cite the following case: One Saturday afternoon, while watching some boys playing ball on the common, I noticed a herd of ten cows feeding in an adjoining lot, attended by the owner, a milkman. Suddenly a cow came running to the herd and mounted the first cow she reached. The owner of the herd picked up some stones and pelted the offending cow, but was unable to drive her away. She continued to mount the cows as they came near her, till finally the entire herd became excited. Then a woman, the owner of the bulling cow, came and attempted to drive her home, but could not do so. Then her boy, a lad of ten, armed with a big stick, came and pounded the cow considerably, but without separating her from the herd. Finally, the old man made his appearance, carrying in his hand a heavy whip. He walked up to the cow, gently holding out his hand as if to feed her, and when close to her laid on the whip quite severely, with the effect of calming her immediately. She trotted for home, he running behind her, giving her a blow every time he came close enough. When she was in the yard, a small enclosure, he beat her for several minutes, and after she was in the stable I could hear an oc-

casional blow. This all occurred just before milking time. I was deterred from making an attempt to prevent this cruelty, because of the opportunity thus presented to observe the effect of milk, from a cow thus treated, in the feeding of children. This occurred in my own immediate neighborhood, and I knew that if any children were taken sick I would hear of it. As soon after the occurrence as possible I called on my friend Dr. Campbell, and related the affair to him, asking him to find out who received milk from the cow, as the owners were patients of his. On Sunday evening he was called to see a child, eight months old, who had been attacked on Saturday night with sharp pains. It had been kept awake all night; it had suffered mild attacks of diarrhœa during the summer, but had never before been disturbed during the night, the attacks always passing away with treatment. This attack, besides keeping the child awake, was accompanied by constant vomiting, which had not characterized any of the previous attacks, and there had been eighteen movements of the bowels in twelve hours, mostly green and undigested milk, an occasional discharge of dirty, mud-colored, watery, and offensive material. The child was very sick, and developed profound symptoms of *cholera infantum*. The doctor inquired on what the baby had been fed, and the answer was, "The bottle, with the milk of one cow." On further inquiry, he learned the milk had been procured from the above-related cruelly abused cow. The child recovered because the poison was stopped, although he was sick for several days.

This accidental observation is not an unusual occurrence; it, or something like it, is happening every day, though we may not be able to follow it up so closely. Take, for instance, the small dairy, with its four or five cows, not sufficient to pay the expense of keeping a bull. The rutting period occurs in the hottest weather; one of the farm hands is directed to drive the cow to the bull, perhaps a distance of two or three miles. Usually he is armed with a big stick, and the cow, especially in this condition, is loth to leave the herd without some emphatic persuasion. She is prodded, attacked, run round the corners, and the ordinary farm-laborer, when he has run fifteen minutes, is apt to get mad. There is no doubt that cases of this kind, if we follow them up, would reveal a like result of acute milk-poisoning.

The following cases of acute milk-poisoning, arising from causes not discovered, are interesting as illustrating this condition.

On a Sunday afternoon a friend of mine called me hurriedly to see his child, a baby ten months old, and bottle-fed. As he thought it was dying, I obeyed, and was soon at the house. On my arrival I found the child in a profound tonic convulsion. I learned from the parents that I was called in the absence of their regular physician, who had seen the child three hours previous. The sickness had commenced the day before. When this physician had seen the child that day, he inquired on what it was fed, and was told "milk and one of the patent foods." He approved of the diet, and left some medicine. The parents had no idea the child was very sick, so they fed it, and it went to sleep. They went down to dinner, but returning afterward to the room where the baby was, they found it struggling in a convulsion—the convulsion it was in when I came. I immediately wrapped the child in a cold, wet blanket, and endeavored to get a little brandy into its mouth, abstaining from any other treatment, as I knew the attending physician would be in immediately. He came a few minutes after my arrival, when I surrendered the case to him. The father wished me to stay, and I did so, simply watching the case. When the child was recovering from the convulsion, it vomited several large masses of solid caseine, and its bowels were moved several times. When the convulsion had completely subsided I took my departure, but was again called between six and seven in the evening. When I reached the house the child was dead.

On the next day (Monday) I was called to see a child, nine months old, bottle-fed, who received his milk from the same farm, and had been suffering from a severe diarrhœa since the preceding Friday. I found the child very sick, vomiting and purging. The alvine discharges were, mostly green and watery, occasionally mud-colored. I directed that he should receive no milk under any circumstances whatever, but be fed on beef-solution and oatmeal-water, and receive every hour a teaspoonful of the following :

R Tr. opii. . . . . m j.  
 Tr. ferri. . . . . m viij.  
 Aqua . . . . . oz j.

The next day I found there had been no abatement in the number of movements of the bowels, but there had been no vomiting. I changed his food to kumyss and he required no farther treatment till two weeks later, when I put him on other food simply for economy. He has continued to do well ever since. Is there any reason why we should not call these cases "milk-poisoning"? One with treatment and a continued use of the milk died; the other, with no treatment to speak of but stopping the milk, made a good recovery. I cite these cases not because they were the only ones observed, but because occurring simultaneously, and getting their poison from the same source, they illustrate the necessity of calling the disease, from which they both suffered "acute milk-poisoning."

These are some of the conditions that are regularly every year swelling the rate of infantile mortality. Usually, the beginning of summer complaints in fed babies is at the time when imperfect, worm-eaten green apples are falling; it is continued through the rutting, bulling, and conceiving period, to reach its fiercest condition when the pastures are dried by the usual autumn droughts, when the cows eat the poisonous herbs that they had avoided when the grass was green and plentiful.

Some years ago in the Alleghany districts, owing to some poisonous herbage, the cows secreted a milk which was poisonous. As this region was remote from a city market, the natives were compelled to consume their own milk, and were not long in finding that a disease from which they all suffered, was caused by the milk; its use was quickly stopped and every visitor to the district was advised to abstain from it. They had no statistical tables to consult, and did not find that the sickness increased as the thermometer rose; they had no way of accounting for the disease except from its simple cause, milk, and therefore they called it simply "milk sickness," and invoked the power of the government to suppress it.

We physicians of Westchester county, surrounded as we are by the thousands of cows that supply the city with baby-food, are in a position to teach the city teacher the truth regarding the cause of the most fatal malady from which the city child suffers during the tedious heats of summer. I have once before ap-

pealed to you to bestir yourselves in the question of procuring legislation to regulate the milk supply.

Although no advance has been made, I do not lose hope, but appeal to you still.

Let us make ourselves familiar with the sources which supply the milk to the babies under our care. The dairy farmers are sadly in need of intelligent instruction, none of the works designed for their use teach them the dangers of poisonous milk. Even our boards of health are not treating the subject intelligently. There is much to do. All the conditions producing poisonous milk are not yet discovered, but we can teach what we *do* know, and while thus teaching may discover new facts.—  
*Medical Record, October 14th, 1882.*

### INFANTILE MASTOIDITIS.

J. H. BUFFUM, M. D., CHICAGO, ILL.

The frequency of purulent inflammation of the middle ear in infancy, and its proneness to involvement of the temporal bone in the process, has of late years occasioned a more careful examination of the ears during the period of infantile life; while the question, as to the value of pus, as indicating a pathological condition, in the middle ear within a few days after birth, is still an open one. Yet the presence of pus after this period cannot be considered otherwise than a pathological departure from the normal serum or mucus which may occupy the tympanic cavity and antrum during the first hours following birth, and which, under proper circumstances, finds its way to the pharynx, and leaves these cavities in a condition favorable to the reception of sounds. Certainly it would not seem possible that pus should exist in this condition but for a very short time after birth without exciting an inflammatory action as a result of direct irritation, and thus constituting a purely pathological condition.

In the investigations of the writer during the past six years, during which time he has been enabled to examine the ears of twenty-one infants, from two hours to eight months of age, selected without knowledge of any previously existing ear affection, nine cases revealed pus or purulent inflammation of the middle ear. In but two of these cases had the disease of the ear



been recognized during life. The result of the observation of the remaining cases giving a percentage of one-third as exhibiting a pathological condition of the middle ear, which passed unnoticed anti-mortem; five per cent. of the remaining number, classed as normal, exhibiting mucous and serous accumulations in the tympanic cavity. These dissections coincide fairly with the results obtained by many observers.

That the predisposition to middle ear diseases is very strong in infantile life to the changes which take place in the further development of this organ, and to the still greater intimate relationship existing in infancy between the pharynx and middle ear, over that of adult life, is beyond question.

That inflammatory affections of the middle ear exist much more frequently than has been supposed, and pass unnoticed by the medical attendant, is a fact which will be readily accepted by all who will give the matter proper investigation.

Undoubtedly many of the purulent inflammations of the ear in infancy arise from an interruption of, or excessive nutrient action during, the morphological process, either of pharynx or ear, and thus explain the production of ear affections in cases where other causes are not assignable.

These inflammatory conditions, unrecognizable and neglected, are very apt to extend to the antrum of the mastoid, and thus involve the temporal bone; or, failing to find exit for the formed pus through the tympanic membrane, pass through the mastoid-squamous suture, lifting up the periosteum and forming an abscess behind the auricle.

While in infancy the mastoid process of the temporal bone is very rudimentary, presenting a flat surface of finely porous bone tissue, later in life it becomes rounded out, and extending downwards from the development of the rudimentary air-cells, reaches its full development just before the age of puberty.

The antrum, or antrum-petrosum as it has been termed, is of nearly the same size as in adults, and corresponds closely to the size of the cavity of the tympanum, with which it directly communicates; it is separated from the skin behind the upper portion of the auricle by a very thin plate of bone—the petro-squamous suture running longitudinally through the middle of the roof of the antrum, and extending backward and outward to the incisura

parietalis, here ending as the mastoid-squamous suture upon the outer surface of the mastoid process, from in front, downward to the posterior wall of the auditory meatus, returning upward again to the tympanic.

In infancy, then, we have in the majority of cases more or less involvement of the antrum from its anatomical relation to the tympanum in all cases of catarrhal or purulent inflammation of the latter cavity. The secretions which thus collect in the antrum find an exit more readily to the outer surface than to the brain, by drainage through the mastoid-squamous fissure or by necrosis of the thin plate covering the antrum externally. Owing to the early ossification of this antrum, we are more likely to have direct caries of the squamous portion of the temporal, or extension inward to the cerebrum, as in adult life we have affections of cerebellum and transverse sinus.

In these cases of involvement of the antrum in the inflammatory process we have usually a much greater febrile reaction than when the affection is confined to the tympanic cavity. Pressure over this portion of the temporal bone at once causes increased pain, as evinced by the sharp cry of the child; following this we have increased redness of the skin of the part, and marked œdema. The auricle of the affected side rapidly becomes more prominent, and in some cases the degree of symmetry approaches that of the mastoid inflammation of the adult. In other cases, however, the swelling appears localized over the antrum with displacement of the auricle forward rather than outward.

The consideration of the intimate relation of the antrum and tympanum to the surrounding portions of cranium, the loose attachment of the periosteum to the temporal bone, all tend to make these cases ones of great gravity. Yet we find when the frequency of the suppurative process in the ear in infancy that the occurrence of extensive necrosis of the temporal bone are rare, but more frequent than in adults. The reproductive power in childhood is very much greater, owing to the rich supply of blood which is carried to the bone from without and within.

The early employment of Wilde's incision in these cases is undoubtedly imperative, and yet it becomes less so in cases under proper homœopathic treatment here as in adult life.

In the case reported when the early appearance of the ear trou-

ble occurred in an otherwise well developed and well nourished child, the assignable cause seemed due to imperfect clearing of the tympanic cavity during the first period of extra-uterine life, and subsequent irritation of the retained products, causing a purulent inflammation in the tympanum, with rupture of the membrane and slight discharge, with closure of the opening before the antrum had been emptied of its morbid products. Upon this hypothesis the case appears to present a typical exposition of the views given in this paper.

CASE.—Florence B., æt. 11 weeks, light-haired and blue eyes. When three weeks of age had a discharge of a few drops of pus from the right ear, after several days of uneasiness, which seemed to give relief for the time. In about ten days the child again gave evidence of something wrong; crying much of the time and refusing to nurse at proper intervals. This continued for nearly two weeks; when a discharge of a little pus appeared for one day in the meatus, but without giving relief to the infant. Three weeks after the beginning of this second attack I was called to see the child, and found auricle displaced forward and outward, with marked swelling over the mastoid; the meatus swollen and lower wall eroded, and no pus in canal. Pains are much more severe at night, and remit during the day. The child looks worn from the loss of rest and inability to take a full amount of nourishment.

Warm cosmoline was directed to be applied to the meatus every hour, and pads of cotton applied hot during the exacerbation of the pain.

R.—Merc. dulc.  $\text{ʒ}$  every hour.

The following day, January 29th, the baby had less pain during the night, and after two A. M. had a little sleep, and nursed better this morning than for some days. A little pus is found in the cotton after swabbing the meatus, due to the exudation through the drum membrane. Treatment continued.

Jan. 30.—Better night; mastoid swollen.

Jan. 31.—, “ “ “ “

Feb. 1.—Report the same, except there was no pain last night.

Feb. 2.—No pain, but increase in size of tumor.

Feb. 3.—No change in appearance over yesterday. Baby had a comfortable night.

Feb. 8.—Continued to do well until to-day when there has been a return of the pain. R. *Hepar. S.*<sup>4</sup> every two hours.

Feb. 9.—Baby had a restless night with continued pain, swelling behind the ear had increased to double the size of what it had been, and slight fluctuation in the tumor is detected; child drowsy but cries on motion of the head. Right side of the mouth slightly drawn. A deep incision was made parallel to the auricle, the knife penetrating the tissues to the depth of an inch or more. The incision gave exit to considerable thick, yellow pus; applied small poultice to mastoid. During the day the baby did not react, the pulse continued very thready and weak, and the child seemed completely exhausted; convulsive twitching of the muscles occurred frequently during the day; the tissues about the ear and cheek became œdematous. R.—*Bell.*<sup>6</sup>, *Rhus.*<sup>6</sup>.

During the evening the pulse became stronger and fuller, and child passed a more comfortable night.

Feb. 10.—Child appears much brighter to-day and nursing well. Profuse discharge of pus from opening into the antrum and also from the meatus; drainage tent inserted into the wound.

Feb. 17.—Baby has continued to do well, with the exception of henteric condition which passed off in a few days under *Arz.*<sup>12</sup>.

Feb. 19.—Tent came out last evening, and in a few hours the integument became puffed and red; wound was reopened and a large amount of pus discharged. R.—*Silicia*<sup>30</sup> four times a day.

Feb. 21.—Very slight discharge from meatus, but still free discharge from sinus; removed two spiculæ of bone; considerable denuded bone is felt with probe.

Feb. 22.—Removed small piece of sequestrum with forceps, and pus is gritty; general condition of child excellent. R. *Same.*

Feb. 29.—Sinus closed but was reopened.

March 14.—Sinus healed and opening in tympanic membrane healed. Discharged cured.

May 19.—Has been perfectly well until four days ago when suffering from an attack of measles, a discharge of pus appeared

in the meatus and the sinus reopened. On probing the sinus some roughening of the bone is felt. R. *Silicia* 30.

May 28.—Discharge has almost ceased.

June 12.—The discharge has entirely ceased and sinus closing up.—(*Transactions Am. Hom. Ophthalmol. and Otological Society*, 1882.)

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## AN ADDRESS

BEFORE THE MINNESOTA STATE INSTITUTE OF HOMOEOPATHY,  
MAY 17TH, 1882.

BY THE PRESIDENT, O. M. HUMPHREY, M. D., MINNEAPOLIS, MINN.

LADIES AND GENTLEMEN:—The unusual popular interest which has recently invested the subject, leads me to ask your consideration of some aspects of medical ethics.

As we proceed I shall allude to some events of a public character which seem specially to have evoked this interest.

The word Ethics is defined generally as “the science of human duty;” Medical Ethics may be defined as the code or rules of propriety and right action to be observed and required by physicians toward each other, and between them and the public, and may be epitomized in two words: “Professional courtesy.” It has in modern times assumed to rest upon, harmonize with, and express Christian morality and philanthropy. The curious derivation of the word from the Greek noun *Hoos*, primarily meaning the lair, abode or haunt of an animal, suggests a facetious but not inapt commentary on the past ethical history of the old wing of our profession. Secondly, in human affairs, the original came to signify habit, usage, personal appearance as indicative of character, disposition, without including the special moral quality which has attached to the common English word, and which seems to have been the bequest, with its use, of Christianity.

The code of ethics among our profession in associate capacity has held authority with the force and obligation of law. Its violation brings discipline, and its disregard entails disgrace. Its principles have been the foundation of acknowledged right, on which legal enactments of civilized peoples relative to the duties and qualifications of the profession, have been adopted. The as-

sent of physicians to such a governing code would seem to be essential to mutual protection of themselves and the public from impostors; to maintain a standard of merit and respectability, and to cultivate an inspiring *esprit du corps*, and a practical congruity and harmony of study and work.

At the same time a narrow and exclusive interpretation and application of these regulations has in the past much obstructed and retarded medical progress in certain lines. The history of Medical Ethics is somewhat analagous to that of some religious creeds—intended to apply beneficially only to those holding them. So that what seems so eminently good and proper a conservator of internal excellence, has but proved a Chinese wall against the progress of new truths. Such has been the constant attitude of the Allopathic or Old School wing of the profession against medical reforms—notably against Homœopathy.

The spirit which in Europe prohibited his practice, persecuted Hahnemann, dogged him from point to point, and finally drove him from his fatherland, unable on our free soil to bring to its support the overwhelming positive weight of state influence, sought to do the same work by association and corporate proscription. And it seems but appropriate and poetic justice that in this crusade the assaulting flag should first be struck where first unfurled, and the first organized attack began and has waged most bitterly—in New York.

The New York State Medical Society has this year adopted a new code, which makes no ethical distinction among all educated and legally qualified physicians of any practice in that state.

The half hour allotted to this paper would not suffice for a narrative of the bigotry and hostility, the intrigue and falsehood which our practice has encountered from the dominant school in that state. But it should be recalled that when at an early day in medical society, before the ethical code had been specially modified to ostracise Homœopathy, and still recognized all educated physicians as regular, some members, the purest in virtue and learning of any of their fellows, sought to avail themselves and their patients of Hahnemann's grand system, the opposers formed themselves into a secret clique or club to insiduously oppose the truths which they were not able to disprove. And as the number of these most respectable converts increased, un-

able to discipline them under the thin code of ethics, or to expel them under state law, this clique was expanded into an exclusive society, with the declared purpose of suppressing and extinguishing Homœopathy; thus leading in establishing the ethics of cutthroats in the state and county by the adoption of the resolution, "That any member of this academy who shall consult with any Homœopathist \* \* \* shall be considered to have forfeited his membership."

And so this organization, representing the *elite* of the Old School of the first city on the continent, was launched in a crusade of destruction against Homœopathy in 1847. Its first president devoted his address largely to the same absurd platitudes of contradiction and detraction which we have heard repeated ever since; (and which for a mild sample see Prof. Palmer's article, "The Fallacies of Homœopathy," in *North American Review* for March, 1882.) The members fell into line. An eminent one announced among other very foolish things, "The time, we proclaim, is come when we must arm, muster and be doing! Homœopathy can, and Homœopathy must, be exposed and eradicated! The system \* \* \* which maintains in defiance of all common, correct theory, experience and observation that blood-letting is at best a dangerous remedy, and doubts whether it is even a remedy at all, can and must be exterminated! As to persecution, even if it were truly urged; it is what they merit; what the public safety requires; what the professional duty demands!". Said another prominent member, "A Homœopath must be either a fool or a knave." Yet Homœopathy lived and prospered; and in 1849, only two years later, we hear from the Secretary of this Academy this sad wail, "The public has lost confidence in legitimate medicine and throws itself blindly into the arms of renegades, pretenders and emperics." Still they continued to defame the system and traduce its adherents. Statements of its writers were garbeled, falsified and ridiculed. Incumbents of positions in public charities were turned out as soon as suspected of interest in the new practice, and where corporate or society institutions had given it place and a trial, and superior results were truly reported upon, these were met for lack of any better argument by the bold assertion that all was a lie manufactured to delude the people. When in

the cholera epidemic it was proposed to divide the public patronage, and proofs of the superior success of Homœopathy in the reports of our confreres in Europe were furnished to the Board of Health, these even were so garbled, and distorted, and falsified by them as to appear to contradict their own testimony: Not less bitter and contemptible was Old School hostility in other states. It is little more than a decade since in Boston the Massachusetts Medical Society expelled, and thus sought to disgrace, six of her members, as upright, as accomplished, and as regular as any on her roster, because they chose to practice "according to an exclusive dogma," as their code put it, with the immediate result of calling into life and activity a Homœopathic College and Hospital, which now rank among the first in the land. And so everywhere in the world the proscription and utmost opposition to the new practice has gone on.

In the Old World, where intelligence and freedom of thought among the people are not general, and where the old ways are entrenched in monarchical forms, establishment, and patronage, and in social conservatism, its conquests have been slower. The distortion and exaggeration of this fact has often been repeated as detraction, yet our foreign gains have been steady and solid.

These facts I know are trite. I reproduce them here only as an appropriate background on which to present a lighter prospect.

The attitude of the New York Academy had become the ethics everywhere of the Old School. The American Medical Association, comprising delegates from all the state societies, was as one with them upon this subject. Notwithstanding, the position of Homœopathy was growing constantly stronger and grander. With its own societies and colleges, with its standing challenges to comparison of reports of all diseases everywhere, to which its opponents could not and dare not reply with facts, it has marched up and down the earth with the dignified stride of a champion, able to take care of itself, in no need of an ally, and with the earnest of its future conquests sure. Was it strange then that its enemies should hasten to a change of policy, or that New York should be the first to offer a truce? The motives which led to this were doubtless various.



It is only fair and reasonable to presume that very many of the men who have occupied most conspicuously their false position, are tired of it. It is said a lie well stuck to is as good as the truth. But any losing lie is always tiresome, and the more so the longer stuck to. These gentlemen have actually *known nothing* of Homœopathy. They have not studied it fairly or tested it consistently. They have superficially gathered enough from theoretical speculations, and subtle dynamical facts, to parade as absurdities according to their gross materialistic estimates. But studied and tested it in an inquiring, teachable spirit, following the injunction of its founder, "Do as I do," they have not. They have not been permitted nor have they permitted their less eminent colleagues to do so openly without disgrace. Till they do, they are not entitled to an opinion, much less to authoritative expression.

Others occupying positions as specialists and experts, and knowing the extent of our influence and business, may have been actuated by selfish motives to seek fellowship with us. Others, again, having seen the futility of open hostility, now incline to seek that intimacy which shall blot out distinctions, capture our thunder, and kill us with kindness. Still others having been misled by designing perversions, by the sophistries of trimmers and by unwise controversy among ourselves, aver that we have disclaimed, and that we are only awaiting a graceful opportunity to abandon the teachings of our master, and like a failing political party, fuse on almost any platform. But above all others, there are doubtless very many who, dissatisfied with and faithless in the excellency of the old methods, yet hitherto unwilling to encounter obloquy, will welcome a fellowship which promises them only light and help. To such let us ever extend our cordial hearty sympathy and aid. They all certainly must feel the pressure of public sentiment against their exclusiveness, and its demands for broader usages of comity.

The *propriety* of this reform is not over-estimated by the public, but the immediate *value* of it probably is. Comparatively few, even of our own lay friends, fully realize that our system is founded on a fixed natural law, adherence to which is vital; that which has made all there has been of Homœopathic triumph.

makes all its present, and must make its future; to abandon or compromise which is as the removal of the keystone from the arch, or as the blotting out of the heavens to the mariner. Let complete loyalty to *similia* be for a moment waived and Homœopathy is a lost art. If it were possible, and our Allopathic brethren desired to adopt the methods of our practice in precise detail, without fealty to the dogma, they would be but little better equipped, and would certainly soon lose this advantage.

The histories of the cases of our late lamented president, and of Lord Beaconsfield, have aroused and excited the public. The demand for "putting away the pathies" is an unthinking but natural result. This for us means compromise and fusion, and that means our certain destruction, and the saddest catastrophe to medical progress the world has ever sustained. Courtesy, and comity, and fellowship are practicable, and is what *one* code of ethics has ever taught and required toward all educated physicians. In operative surgery, in matters of diagnosis and prognosis, mutual consultations are practicable and should be pleasant. The Allopath or the self-called regular has no laws of cure, and the Homœopath has nothing else—or rather with it he has everything. The *Allopath* disclaims this name because he professes no law of cure. By his own admission he is an empiric—his knowledge of drug-cure is the result of accidents and experiments, to which he was led by no law of nature nor could have predicted the knowledge, by any *a priori* fact or facts. He delights in the name of "regular," but lacks the adherence to any method, system, or rule to guide him, which is regularity in nature and in Homœopathy. He is neither regular, nor will he recognize the value of regularity. He is emphatically a chance doctor. I am speaking now of materia medica and therapeutics—the science and art of curing disease by the administration of medicinal substances.

I concede to him equality and community with us in the related, elucidating, and illustrating sciences, as anatomy, physiology, chemistry, pathology, histology, etc. I recognize and rejoice in his achievements in these directions. But he has not copyrighted them, and we value them not less highly than he, in that they illustrate, and confirm, and extend our powers in the

practical application of our law of cure. Our colleges, as thoroughly as his, demand and teach them. The full age of the world has been the period of allopathic therapeutic acquirement. Blot out this knowledge and it might take as long to reacquire it. The *same* would never be reproduced. Homoeopathy is about 80 years old, with acquisitions much the more numerous, and having vast tasks yet. Blot out the knowledge of the practice, but leave the law of cure in three words, and by and with it all could be deduced and restored in essential identity, and in as brief time! To adopt "similia" adds to the Allopath's equipment. To apostatize from similia is the death of homoeopathy, and the death of all pure science in therapeutics. I do not claim that Homoeopathy is the only mode of therapeutics, but it is the only philosophical system—the only science of medicinal cure.

Next month the American Medical Association meets in St. Paul, and on the admission of the New York delegates after the action of their state society will probably turn the ethical attitude of the association, and the other state societies, and probably not very remotely the Old School profession of the world. It is generally believed that the break in New York will be rapidly and generally followed by the other states, and this brings us to a consideration of our relation and attitude in the case. That such an event should be construed and enjoyed as a compliment to our practice, and be a source of congratulation to us, is, I think, clear. That it will be helpful to us, or will prove immediately beneficial to the world, to my mind is not so clear. Our growing system of medication is already very voluminous, and entails so much more labor and patient study to attain proficiency and facility of use than the old, that few, I fear, will give the labor necessary to success in it. Just in proportion as respectability can be attained without such hard work, will the temptation be to adhere to the old ways.

It behooves us then, if we shall have the opportunity by such concessions, while accepting cordially and without resentment or sensitiveness for the treatment we have received, the olive branch of professional comity, to remember that the world, in view of the great benefits it has already enjoyed, will hold us responsible for the preservation and highest use of this great beneficent truth

committed to our keeping, and by as much more as our opportunity to propagate it shall be increased.

Let us be mindful of the various predominating perceptions and faculties of mind leading to excellence in some directions, with deficiency in others, characteristic of us all. Let us exercise that broad charity which recognizes worth in all earnest work. But let us always insist that this should be pursued in loyalty to truth and nature's ways, and see that we be not found limiting the value and application of a grand fundamental truth, by our own innate obtuseness, by personal indolence, nor by the bias of prior mistaken training. Let us "strive to be a whole something!"

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#### CORRESPONDENCE.

EDITOR COUNSELOR:—In Dr. Clapp's review of our work upon Pulmonary Phthisis I observe his skepticism of the use of what are usually denominated the high potencies. As the value of the work, as he justly says, is chiefly therapeutical, I desire to further state that I have most positive evidence of the action of these high dilutions, and I fear that should his skepticism generally prevail, much that might be done with remedies will not be done. Now, if the doctor has any clinical testimony to put into the case he should most certainly put it in as against high dilutions, or especially in favor of low.

The language of my own book will bear me out in saying that I did not appear upon theoretical grounds as the advocate of any potency. I said, however, that most of my cures were found to be from the higher potencies, both in Germany and this country. I gave a case of my own cured by Stannum<sup>3</sup> and that was really all the clinical evidence at my hands from the use of the lower potencies. I did not say but that such evidence existed, but I did say that I had carefully sought for all clinical evidence regardless of the dilution, and had corresponded for the purpose quite extensively, and invited the medical profession through the journals to send it to me. And again I say, if Dr. Clapp, or any one, has valuable cases to report, it is their duty to report them. True, the indications given for the use of remedies are entirely independent of potencies, but it would be very unwise not to present all the evidence tending to show the value of different po-

tencies. Dr. Gregg well says, Dr. Brigham has given his views with the utmost candor, regardless of any bias of his own or of others. The simple truth is what has been aimed at, and to provoke honest investigation in the direction of ameliorating the terrible scourge of consumption among our people. Will Dr. Clapp fortify his bias in favor of low potencies by giving us clinical verifications, and also try such dilutions as we have named and then report? Neural analysis, it would seem, should be taken as a settlement of the question of the action of high potencies. But beyond all other evidence I must class that of indisputable facts. I do not know that it would avail anything to a doubter for me to give a full statement of such cases as I have met with where pathogenetic symptoms have been called out by such dilutions. But I solemnly aver that I could have no more complete refutation of the inertness of these potencies than I have had. When a representative man as to integrity and intelligence stops me on the street to give me pathogenetic symptoms of sulphur when he could by no possibility know what he had taken, I take it it means something. But when after ten days time spent in taking sugar of milk powders, he gets another dose, and in a way that he could not know that he had anything different, he stops me again, saying, "What does all this mean? You have given me another dose of the old remedy," I think I have a clincher,—he avering that he knows by his feelings and does not believe I have given the same medicine before since my first dose, which was true. This man was an attorney and a Congressman. He recovered to live for ten years on the 100 M Fincke.

I say he could not know what I gave him, or that I gave him the second time any medicine at all. I can give repeated instances where the proof has been just as unequivocal. If this man had taken Ipecac sufficient to produce emesis, the evidence could not be more conclusive that it was Ipecac which affected the nervous system and afterward the stomach. Our work for the future is to find out if there be a better way to manage our consumptives, and if my work stimulates to such endeavor it will not have gone on its mission in vain. In the case of the aggravation by the 4th of sulphur I hope <sup>t</sup> <sub>fc</sub> was not the unwitting instrument of her sudden demise. But

her friends always thought the medicine was responsible for her sudden departure; and when she told me she took two table-spoonfuls, or half I had put into a vial, on going to bed, and was soon burning up with heat, and was restless all night, etc., etc., and went home the next day three miles only (she having stopped at a sister's), a free expectoration having been checked, only to be drowned to death with bronchial secretions two days afterward, gives me unpleasant reflections. And I advise our young men never to give such a potency in phthisis. I repeat, such dilutions are often pernicious. I fully appreciate the learning displayed in Dr. Clapp's review, as well as the generous bestowal of compliments.

I take this occasion to thank Dr. Gregg for very valuable information given of characteristic indications of remedies in his review in the *Homœopathic Physician*.

G. N. BRIGHAM.

EDITOR COUNSELOR.—I would like to state a case which occurred in my practice a few days ago, and request suggestions as to treatment from any who may have seen a similar case.

Called to see a young, married lady, mother of two children, the youngest fourteen months old and still nursing. History of case: She had suffered from repeated slight attacks of diarrhoea, with severe colic, at intervals during the last two months. In doing her own work she has done more than her physical strength warranted. In the forenoon of the day I was called she had suffered from one of the attacks above mentioned. The pain which had been severe left her suddenly, and a feeling of numbness, commencing at her hands, gradually spread over her entire body. All the sensory nerves were affected, for she became almost deaf and at times could not see. Connected with all this was a threatened tonic contraction of all the voluntary muscles, but the muscles of the legs, forearms, eyes and mastication were especially affected, so that the fingers were fixed violently and the joints were fast becoming closed.

Her mind was perfectly clear and she spoke rationally, though excitedly, for she seemed in great fear that she should become unconscious, as she said if that should happen we should never be

able to awaken her, and that in a previous attack, similar, though lighter, they had with the greatest difficulty restored her to consciousness.

Her pulse was regular, though, of course, quickened by her excitement, and her circulation was good. She was beating her feet and hands, and neighbors were rubbing her all over to keep her limbs from cramping. They had also administered camphor (spirits of), ammonia, etc., but nothing could keep her awake except sucking the end of a towel wet in strong alcohol.

Will some one give me information as to the diagnosis and proper treatment of this case.

Truly yours,

E. I. HALL,

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### THE LIBRARY.

**DISEASES OF THE RECTUM AND ANUS.** By CHARLES B. KELSEY, M. D., Surgeon of St. Paul's Infirmary for Diseases of the Rectum, Consulting Surgeon, etc., etc. New York: William Wood & Co.; 1882.

**ON ASTHMA; Its Pathology and Treatment.** By HENRY HYDE SALTER, M. D., F. R. S., Fellow of the Royal College of Physicians, Physician to Charing Cross Hospital, etc.—First American from the last English edition. New York: William Wood & Co., 56 and 58 Lafayette Place; 1882.

**PRACTICAL MEDICAL ANATOMY; a Guide to the Physician in the study of the Relations of the Viscera to each other in Health and Disease, and in the Diagnosis of the Medical and Surgical conditions of the Anatomical Structures of the Head and Trunk.** By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy, and late Lecturer on Genito-Urinary and Minor Surgery in the Medical Department of the University of the City of New York, etc., etc. New York: William Wood & Co.; 1882.

The above three works are the latest volumes issued of Wood's Library of standard medical authors, and resemble their predecessors not only in uniformity of binding, etc., but also in merit.

Dr. Kelsey's work on diseases of the rectum and anus is one of the most reliable and, to the practitioner, most satisfactory works on this subject which we have seen. Its description of pathological conditions is very clear, and the surgical measures advised for their relief are in accord with the latest and best experience had on this subject. From our standpoint, we would be tempted to find fault with the lack of prominence given to the constitutional treatment of various disorders mentioned, but such criticism would hardly be in place under the circumstances; and even the homœopath finds everywhere evidence of the advances made in therapeutics by the dominant school.

The following remarks by Dr. Kelsey, when speaking of the treatment of hemorrhoids by injection, may not be without interest: "Beginning this plan of treatment, as I did, without very much confidence in it, and with the fear of

causing great pain and dangerous sloughing constantly before me, I can only say that the method is constantly growing in favor with me personally, and that the more I practice it the more confidence I gain in it. With solutions of the proper strength the danger of causing sloughing of the tumor is very slight; and I am not at all sure in my own mind that once more surgery is not indebted to the quacks for a valuable discovery which may do much to rectify the present accepted plans of treatment of this disease."

"There are no objections to this method which do not apply equally to others. I have once seen considerable ulceration result from it in the hands of another; but I have seen an equal amount follow the application of the ligature; and I do not consider this as a danger to be greatly feared when injections of proper strength are introduced in the proper way. It is applicable to all cases; is especially adapted to bad cases; and may be used, as in the second case, where a cutting operation is inadmissible. It acts by setting up an amount of irritation within the tumor which results in an increase of connective tissue, a closure of the vascular loops, and a consequent hardening and decrease in the size of the hæmorrhoid. Except when sloughing occurs, the tumors are not, therefore, removed, but are rendered inert, so that they no longer either bleed or come down outside of the body."

"In cases in which the sphincter has become weakened by distention, the injections will also have a decided effect in contracting the anal orifice, as do injections of ergot or strychnine in prolapse."

"I have used this method of treatment now many times and, except in the third case reported here, have never had reason to regret using it, or to be dissatisfied with the results as far as I have been able to follow them. Although I should be very slow to advocate any one treatment of this affection to the exclusion of all others, I now often adopt this where Allingham's operation is declined by the patient, and as yet I have not known it to fail. Its advantages over all other methods, provided its results prove equally satisfactory, are manifest to all. The patient is not terrified at the outset by the prospect of a surgical operation, is not confined to his bed, and is not subjected to any suffering. The cure goes on painlessly and almost without his consciousness."

"The method requires some practice and some skill in manipulation in getting a good view of the point to be injected and in making the injection properly. In the first three cases reported, the solution employed was one part of pure carbolic acid to three of glycerine and three of water; in the last, the carbolic acid was decreased one-half, and this is a better solution to use. The amount injected each time was about five drops. The instrument used was an ordinary hypodermic syringe, with a good-sized needle through which the solution would readily pass. When the tumor to be injected is prolapsed, the needle may be thrust into it without much difficulty, and after the injection is made the tumor should be gently replaced. If it be allowed to stay out of the anus for a few moments it will be seen to swell up and become black and hard with venous blood. There is seldom any hæmorrhage from the operation, but occasionally a few drops of blood will follow the puncture. If the tumor is not protruded at the time of operation, it may be seized with toothed forceps and drawn out and held while the injection is made. The injection should be landed as nearly as possible in the center of the hæmorrhoid, the needle being entered perpendicularly from the apex, and not passed upward under the mucous mem-



brane in a longitudinal direction. If the acid be placed simply under the mucous membrane, the latter will die, and an ulcer result; but if placed more deeply, the danger of an ulcer is much decreased. Used in this way and in the strength last indicated, the acid will not be followed by any amount of pain. Each injection should be followed by a day's rest in the horizontal position. No change need be made in the ordinary diet of the patient provided the bowels act regularly every day. Only one tumor should be injected at a time, and I seldom repeat the injections oftener than once a week. It will sometimes be found necessary to inject the same tumor twice or three times when it is a large one."

Physicians who have often been called upon to treat bad cases of asthma, will read Dr. Salter's treatise with the greatest of interest.

The author makes, and attempts to prove, the following propositions: *a.* That asthma is essentially, and, with perhaps the exception of a single class of cases, exclusively, a nervous disease; that the nervous system is the seat of the essential pathological condition. *b.* That the phenomena of asthma—the distressing sensation and the demand for extraordinary respiratory efforts—immediately depend upon a spastic contraction of the fibre-cells of organic or unstriated muscle which minute anatomy has demonstrated to exist in the bronchial tubes. *c.* That these phenomena are those of excito-motory or reflex action. *d.* That the extent to which the nervous system is involved differs very much in different cases, being in some cases restricted to the nervous system of the air-passages themselves. *e.* That there is a large class of cases in which the nervous circuit between the source of irritation and the seat of the resulting muscular phenomena involves other portions of the nervous system besides the pneumogastric. *f.* That there are other cases in which the source of irritation, giving rise to the asthmatic paroxysm, appears to be central—in the brain; consequently in which the action, though excito-motory, is not reflex. *g.* That there is yet a class of cases in which the exciting cause of the paroxysms appears to be essentially humoral.

Under "Treatment" the author speaks of ipecacuanha, tobacco, and tartar emetic, the use of which he recommends not as emetics or expectorants, but as direct repressants; of stimulants he speaks highly, at least of coffee and alcohol, both of which substances he deems important in the treatment of asthma, because, by their use, the patient is roused to a state of wakefulness, and exaltation of the will is produced, thus creating sensibility to respiratory arrears and depressing reflex action. Among the sedatives liable to become useful by the bedside, mention is made of tobacco, chloroform, opium, stramonium, lobelia, cannabis and ether. Dr. Salter attaches the greatest importance to inhalation of the fumes of burning nitre-paper, for the preparation of which the following directions are given: Dissolve four ounces of saltpetre in half a pint of boiling water; pour the liquor into a small waiter, just wide enough to take the paper; then draw it through the liquor and dry it by the fire; cut it into pieces about four inches square, and burn one piece (or two pieces) in the bedroom on retiring to rest.

"If the term 'medical anatomy' be taken in its most restricted sense, the title of this work is a misnomer. It has been written for the use of the general practitioner, in his daily practice, with the hope that it might present to him the study of anatomy from the stand-point of its general interest and practical utility.

ity, and afford him a means of refreshing certain points which can be constantly applied, without entailing upon him much descriptive detail."

The above short extract from Dr. Ranney's "Preface" explains the scope of the work. The author has succeeded admirably in writing a book of really unusual interest to the average medical man, to "the rank and file," so to speak, and which, read thoroughly, cannot help recall many anatomical facts once well understood, but now forgotten, and make clear the "why" and the "wherefore" of anatomical arrangements. We can heartily recommend the book to our colleagues everywhere.

**IS CONSUMPTION CONTAGIOUS AND CAN IT BE TRANSMITTED BY MEANS OF FOOD?** By HERBERT C. CLAPP, A. M., M. D., Professor of the History and Methodology of Medicine, etc., in the Boston University School of Medicine, etc., etc.—second edition. Boston: Otis Clapp & Son; 1882.

We had the pleasure, not very long ago, of noticing, at some length, the first edition of this interesting and valuable little brochure, and we are glad to know that a second edition has been called for so soon. The volume before us closely resembles its predecessor, but has an appendix on Dr. Koch's discovery of the bacillus of tuberculosis. Price 75 cents.

"DOCTOR, WHAT SHALL I EAT?" A Handbook of Diet in Disease, for the Profession and the People. By CHAS. GATCHELL, M. D., formerly Professor of the Theory and Practice of Medicine, University of Michigan.—second edition. Chicago: Duncan Bros.; 1882.

The utility of Dr. Gatchell's book has been demonstrated to us in our own practice; modest and utterly void of pretensions in dress or form, it has none the less proved a serviceable and reliable companion, and a sound counselor in many a hard fight against disease.

#### RECEIVED.

**SMITH'S NEW LABEL HOLDER;** containing 5,250 labels, all ready for instant use, and gummed with a strongly adhesive mucilage: Published by GEO. W. SMITH, Cincinnati, Ohio. *The best thing out.*

**CATALOGUE OF OTIS CLAPP & SON;** Boston and Providence, including also a directory of homœopathic physicians in New England; 1882.

**BOERICKE & TAFEL'S PHYSICIANS' PRICE CURRENT;** 1882.

The above are models of elegance and of convenience. *Consult them often.*

**TRANSACTIONS OF THE THIRTEENTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN;** 1882.—Address delivered by the President of the Homœopathic Society of Pennsylvania, John C. Morgan, M. D., at the eighteenth annual session held at Altoona, Pa., September 5th, 1882; reprint from the transactions of 1882.—The Comparative Merits of the Gypsum Jacket and Adjustable Supports in the Treatment of Spinal Affections.—The Pathology and Therapeutics of Uterine Displacements.—A Monograph, by E. P. Banning, Sr., M. D., New York, 1882.—Some Observations on the Therapeutic Use of Alcohol, by Alfred K. Hills, M. D., New York; reprint from the *New York Medical Times*, 1882.

#### MEMORANDA.

The publishers of the COUNSELOR have found it necessary to entrust the printing of this journal to another firm. To insure promptness in the issue of this number, it became necessary to use several articles already in type, and thus to sacrifice that variety of matter which we usually furnish to our readers.

We call the particular attention of our friends to the bills for subscriptions due enclosed in the last issue of the COUNSELOR. Promptness in remitting will help us greatly in our efforts to increase the usefulness of the MEDICAL COUNSELOR.

\* \* \* "Allow me to congratulate you on your success. You have produced a good journal. I hope you will continue long in the good work. Yours fraternally, W. H. Burt.

Dr. L. J. Bumstead has left Lincoln, Nebraska, and has opened an office at Colorado Springs, Col.

Dr. J. G. Lutton, of Genoa, Ohio, has gone to Colorado. Dr. D. H. Patchen, of Obertin, Ohio, succeeds to his practice.

Dr. W. H. Burt, of Chicago, expects to spend the larger part of the year in Europe.

A meeting of the Homœopathic Medical Society of the State of Wisconsin will be held at the Plankinton House, Milwaukee, beginning Wednesday, Nov. 22, 1882, at 1 o'clock p. m., and ending Thursday at 12 m. This meeting is called by the officers of the society in accordance with a resolution passed at the regular session in May, for the purpose of considering the subject of Zymotic Disease.

The Bureau of Clinical Medicine, Dr. E. W. Clark, of Neenah, chairman, will take charge of, and present, all papers on the subject selected.

Every member of the society is requested to come loaded with facts and theories in regard to the great question of Antiseptic Medication. The question of the Contagiousness of Pulmonary Consumption will receive a share of attention.

All persons who are interested in the progress of Medicine are cordially invited to be present.

JOSEPH LEWIS, Secretary.

LEWIS SHERMAN, President.

The Plankinton House rates for board range from \$2.50 to \$4.00 per day.

*New York Ophthalmic Hospital for Eye and Ear:* Report for the month ending Sept. 30, 1882: Number of prescriptions, 3,505; number of new patients, 760; number of patients resident in the hospital, 14; average daily attendance, 135; largest daily attendance, 150. Chas. Deady, M. D., Resident Surgeon.

### A CARD.

THE MEDICAL COUNSELOR PUBLISHING COMPANY, appreciating the value of the services of contributors to this journal, and desiring to show this appreciation in some tangible manner, take pleasure in announcing that they will ship, on January 1, 1883, one copy, bound in cloth, of Allen's "Symptom Register of Pure Materia Medica" (price \$12.00) to the physician who shall furnish, by December 15, 1882, the most valuable contribution on materia medica. The award will be made by a committee of disinterested gentlemen, whose names will be given in due time.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. Arndt, No. 62 Monroe Street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## INFLAMMATION OF THE CONJUNCTIVA.

### OPHTHALMIA NEONATORUM, PURULENT CONJUNCTIVITIS, GON- ORRHOEAL OPTHALMIA.

BY C. C. WHITE, M. D., COLUMBUS, OHIO.

From the examination of the inmates of the Asylums for the Blind in this country and in Europe, we find that a large number of the incurable blind owe their misfortunes to purulent ophthalmia of infancy—a disease almost invariably destructive in its tendency when unchecked, but controllable by proper treatment. On the third or fourth day after birth the physician's attention is called to the infant's eyes. The lashes are found glued together, and hard crusts form at the borders of the lids, which are red. First one eye is affected, than the other.

In such a case you should suspend your judgment with regard to the nature of the disease, for it may only be a catarrhal attack which will pass off in a few days. On the next day you find the redness and swelling increasing, the lid more swollen, and the conjunctival sac filled with transparent, yellowish-colored serum and mucus; these symptoms are proof that you have to deal with a most dangerous and destructive form of conjunctivitis. The redness and swelling continue to increase, and when you lift the eyelids drops of pus escape.

The swelling of the conjunctiva and the engorgement of the vessels increase, and there is a copious discharge of pus, which runs over the cheeks of the infant, while the swelling of the palpebral conjunctiva and of that of the cul-de-sac presses on the eyeball, so that there is a difficulty in opening the lids, and when opened, the cornea is hidden and retracted.

The causes are gonorrhoeal, leucorrhoeal, or other, discharge from the mother's genital organs. When a mucous surface with lamellated epithelium, like the urethra or conjunctiva, is inoculated with pus, a process of proliferation of the epithelium ensues. The epithelium is transformed into pus-cells, which are thrown off, and it is rapidly reproduced to be again turned into pus, or, to use the words of the eminent author of this doctrine, "The real state of matters is exactly the reverse of what it was formerly imagined to be when a solvent property was ascribed to pus. Pus is not the dissolvent, but the dissolved, that is, the transformed, tissue. A part becomes soft and liquifies whilst suppurating, but it is not the pus which occasions this softening; on the contrary, it is the pus which is produced as the result of the proliferation of the tissue." This is effected without the slightest ulceration of the surface, on account of the several strata of cells, the upper forming a kind of protection to the deeper ones. This suppuration may go on for two or three weeks until the reproduction of the epithelium cannot keep pace any longer with the pus formation; then the covering becomes imperfect, the conjunctiva and the sub-conjunctival tissues are attacked at the limbus, ulceration or abscess of the cornea ensues, ending in perforation, the eyeball bursts, the lens is evacuated, and the ball shrinks.

This is particularly the case when the lid becomes tense upon the ball, impeding the circulation. In some of the milder attacks, opacity of the cornea is left behind, causing strabismus, amblyopia, nistagmus or opacity of the lens-capsule, commonly capsular cataract.

Some authors are of the opinion that because the eyes of the child are closed during parturition, and are covered by sebaceous materials, inoculation at that time is scarcely possible; hence they think it more than probable that bright light on the eyes of the newly born induces this form of ophthalmia. It is also thought that sudden changes of temperature may produce it, but that the most common source of this affection is the impure air of a room filled with foul exhalations, smoke, dust, or acrid vapors, musty dampness from want of ventilation, uncleanliness of the clothing and body of the child. This view, however, will not be borne out by the experience of general

practitioners, for this form of ophthalmia is very rare in the filthiest localities, and when cases do occur, there is always a gonorrhœal history of genital discharge connected with them.

In our own experience we are never without some case of purulent conjunctivitis of infants from the "Home of Deserted Mothers," where great care and attention is paid to cleanliness; and when I am consulted in cases in private practice, I find it almost invariably connected with blennorrhagia. There can be no doubt, however, that purulent conjunctivitis may be produced by inoculation from other discharges.

I was called to see a child four years of age who had been troubled with a serious form of inflammation of the right eye for four or six days. I found the conjunctival sac filled with a yellowish ichory discharge, not like the creamy discharge in infantile ophthalmia. I had no doubt that it was a case of inoculation. On inquiry I found that the nurse was suffering from ozaena, and bloody pus from her throat and nostrils was found upon the pillow. The smell was so offensive that every morning the window had to be opened before the lady could enter the nursery.

As the child was the nurse's bed-companion, there could be no doubt how the disease originated. The case did well after a week's treatment.

#### TREATMENT.

Our endeavor must be directed to prevent the cornea from becoming involved in the morbid process.

The deliterious treatment consists in dropping an *aqueous solution* of Argenti Nitras (strong) into the eye. The effect is either that the pus washes away the solution, rendering it innocuous, for it never reaches the diseased surface, or it irritates the cornea, denuding it of its protecting epithelium; the cornea ulcerates, or an abscess is formed leading to disorganization. During this period, the swelling of the eyelid increases to such an extent that an examination of the eyeball is impracticable, and when the swelling abates, and the surgeon is able to see the ball, he finds that the eye is gone.

As the mother said, "The eyes were so swollen that the doctor could not get a glimpse of them, and when the swelling fell, and it opened its eyes, we found that there were no eyes at all."

Argenti Nitras is a valuable remedy, but a two-edged sword.

I am so strongly impressed with the havoc which it does to infants' eyes that I very rarely use the solution in any of my cases. The course which I adopt is :

1st. When I happen to see the case in the first stage, before the purulent discharge has set in, I have the patient placed upon my lap, where it is secured by a towel. I invert the lids, either both together, or first the upper and then the lower, and, after cleaning them with dry lint, touch the conjunctival surface with lint dipped in borax lotion ; then I put a few drops of the solution of Atropine upon the surface. (Atropiæ Sulph. gr. i; Aquæ Dest. dr. ii; Glycerine (best) oz. ss.) This application is repeated three to four times a day.

The Atropine has an anti-phlogistic effect upon the inflamed surface, and also, by dilating the pupil, relieves the tension of the eyeball. I do not use cold applications, which are recommended by some, neither do I apply ointments of any kind to keep the lashes from sticking together, which, I think, is best effected by washing with warm milk. Dry lint is then applied to the lids and secured by an immovable bandage, and the case is watched from day to day.

2d. When I see that it is an unmistakable case of purulent ophthalmia, I proceed to the following course : I evert both eyelids, clean away the pus by means of dry lint, drop in a little of the solution of Atropine ; then I touch the surface with an amalgam consisting of Argenti Nitras two parts and Potassæ Nitras one part, and again put a few drops of Atropine upon the cauterized surface. When the conjunctival surface is bleeding (which I regard rather as a favorable symptom) I dry it with lint, and repeat the cauterization, touching the whole of the conjunctiva, and also of the cul-de-sac ; then I bathe it with lint dipped in warm water, and cover the eyes with dry lint and a bandage. When one eye is affected, I close the healthy eye with two strips of court plaster, and cover it with lint.

When you are called to see a case in an advanced state of supuration—say of three or four weeks' standing—you must take care in opening the eyelids, for the eyeball may be just on the point of bursting, and the effort to lift the lids and the spasms of the orbicularis may be the means of hastening on the inevitable,

for which you will get the entire blame. You had better open it by means of the elevators.

If you find the cornea intact, use the atropine and the nitrate pencil. The apprehensions expressed by an eminent authority lest the application of the nitrate pencil might give rise to inflammatory mischief, diphtheritic patches, etc., are well founded if you rub on the caustic without thinking what you are about.

Touch the conjunctiva very gently, just passing lightly over the epithelial surface, for otherwise you will produce an eschar or loss of substance and a cicatrix, which it is your object to avoid. Internally I use Pulsatilla, Euphrasia, Mercurius Sol., Arsenicum, and Argenti Nitras.

In Gonorrhoeal Ophthalmia, treatment must be very prompt. Warm fomentations should be used, and a weak solution of lunar caustic painted with a camel's hair pencil dipped in a solution of chloride of sodium. Internal treatment: Cannabis Sat., Mercur. Sol. and Protoiodide of Merc. Rest to the eye and body is absolutely necessary.

I need hardly remind you that the prognosis is more serious when the urethral discharge is complicated with chancre. In that case, indeed, you will find, after five or six days, that the limbus has an appearance of constriction, as if a cord were drawn round it; the aqueous chamber becomes narrower and presents a peculiar glassy look, and then collapses. No course of treatment can save such an eye from disorganization.

*Apis Mel.*—"Is useful in violent cases of purulent conjunctivitis and ophthalmia neonatorum if there is *great swelling of the lids and adjacent cellular tissues.*" "The conjunctiva is also congested, puffy and full of dark red veins." "The character of the pains, which are shooting and stinging, is an important indication."

*Argentum Nit.*—"This is the most frequently indicated remedy in the whole *Materia Medica* for any form of purulent inflammation of the conjunctiva."

*Calc. Carb.*—"The discharges from the eye, under this drug, are often profuse, and therefore it has been used with advantage in some cases of purulent or infantile ophthalmia, characterized by profuse yellowish-white discharge, œdema of the lids, and ulceration of the cornea."



*Euphrasia*.—"Is useful especially in that form found in the new-born children, more often in the later stages of the disease than at the beginning."

*Hepar Sulph.*—"May be indicated in any form of this disease, particularly when the cornea has become implicated and ulceration has taken place."

"The lids may be swollen, spasmodically closed, bleeding easily upon any attempt to open them and very sensitive to touch."  
 "When the ulceration is severe, and *hypopion* has taken place, *Hepar* is especially the remedy."

*Mercurius* is particularly indicated in ophthalmia neonatorum when the discharges are thin, excoriating and caused by syphilitic leucorrhœa.

Sulph. is indicated when the general condition (scrofulous cachexia) of the patient calls for it.

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### INFANTILE DIARRHŒA.

BY M. E. DOUGLASS, M. D., DANVILLE, VA.

There has prevailed in Southern Virginia an epidemic of inflammatory diarrhœa among the babies, and a good many cases have come under my treatment, some fresh from the onset of the disease, others from the hands of the other physicians. The allopathic brethren acknowledge that my success, in this disease, is better than their own; that their medicines appear to be too strong for the infantile constitution to withstand.

The causes of this disease, as enumerated by authors, are many and various. But I have seen cases where no assignable cause could be found, even upon the most careful inquiry; where the hygienic conditions were extremely favorable to health; where the mother's milk appeared to be in a healthful condition, and where the infant received no food other than that derived from the maternal fount. As the symptoms are so well arranged in many of our text books, I will take it for granted that all are familiar with this particular branch of the subject, and will give the history of a few cases that have come under my care, omitting, if you please, all those cases which failed to recover.\*

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NOTE.—DR. D. might place the readers of this journal under great obligations by publishing a number of these cases carefully described—ED. "COUNSELOR."

There have been a number of deaths among the little innocents. The first three cases reported below are all under four months; showing that very young babes *do* have inflammatory diarrhœa.

Case 1—Ethel: Age, 6 weeks; weight when born, 5½ pounds; father and mother healthy and in good condition. “This is my first babe; please do all you can, doctor.” The little thing appeared to enjoy perfect health up to a few days preceding my call, if we except nightly attacks of colic. First thing noticed was that it was “droopy,” and grew pale and weak. Attributing this to a slight cold, nothing was thought of it, and the little one received no medicine other than some Calamus tea for the colic. Calamus tea is a famous remedy of the old nurses here for the colic of babes. It is prepared by steeping a few small pieces of the root of sweet flag in water, adding a little sugar, and giving it warm to the infant, and frequently with a happy effect. The Calamus is officinal in the U. S. Dispensatory, and is claimed therein to be a stimulant tonic, possessing the ordinary virtues of the aromatics. It is recommended in pain or uneasiness of the stomach or bowels, arising from flatulence, and as a useful adjuvant to tonic or purgative medicines in cases of torpor or debility of the alimentary canal. The dose, in substance, is from a scruple to a drachm: At times an infusion is prepared, by adding a pint of boiling water to an ounce of the root, and given in doses of a wineglassful or more. Several cases, seen by myself, where the drug was given for colic, have convinced me that it produces nausea and constipation when given for some days in succession. But, to return to our baby. After two or three days of general indisposition, and the day after having been exposed to the hot sun for three or four hours, the child was taken with diarrhœa, followed in a few hours by vomiting. Head hot; extremities cold, and a rapid sinking of the vital forces. The mother declared that she could sit and see the flesh disappear from its face and limbs, so rapid did the emaciation appear to be. Pulse so small and quick that I found it impossible to count it. Stools every few minutes, changeable in color, profuse and watery; vomiting of curdled milk and water; restless and fretful, with constant moaning. I gave *Veratrum alb.* 30th, every ten minutes; had the body and limbs sponged in warm whisky, and wrapped the child in warmed flannels. This treatment rallied

the child, but did not check the vomiting or diarrhoea. I now gave Ipecacuanha in the same manner, with the effect of checking the vomiting, and changed the frequency and consistency of the stool; the color now alternated from green to yellow, and then white. Dulcamara 15th every hour. This was the remedy suited to the patient, for improvement began at once, and a perfect recovery followed in a short time.

Case 2—Welford: Age, 2 months; a fine, healthy boy. While the mother was just convalescing from a severe attack of cholera morbus, this little fellow was taken with cholera infantum. Vomiting preceded the diarrhoea by a couple of hours; the ejected matter at first consisted of milk, then of a greenish substance. Diarrhoea, at first very changeable, but soon becoming green, as green as grass, frothy, and with flakes of mucus and curdled milk mingled with the evacuations; stools were small, frequent, and accompanied with considerable pain in the bowels, as shown by crying and drawing the limbs up; head hot, and a desire to nurse (the bottle) frequently. Ipecacuanha promptly relieved all his troubles.

Case 3.—Grace: Age, 31 days. This is the sixth child, four of whom died before reaching the age of six months. The mother was a warm personal friend of the mother of case 2, and it was through the latter's influence that I was called in. Upon my arrival at the house I learned the following history: The babe had been sick ever since her birth; when born, she had what the physician in attendance pronounced to be jaundice, and he administered two small doses of calomel. When four days old, she was taken with diarrhoea; stools as green as grass, foamy at times, and containing undigested milk; very frequent, as many as twenty passages during the twenty-four hours; small, not more than a teaspoonful at a time usually, with a large passage every morning and evening. Occasionally there would be streaks of blood in the passages. Stools preceded, accompanied, and followed by pain. Twice a day, vomited sour, curdled milk. Every night, about half-past seven, colic would commence and continue until about eleven o'clock; after this she appeared to rest very comfortably. This was the condition of affairs when I saw the case. She had been heroically treated with chalk-mixtures, bismuth, quinine and peregoric. I do not think that I have ever before

seen so emaciated a child as this one; she was literally nothing but skin and bone; skin dry, harsh and wrinkled; face pinched and drawn; eyes hollow, with dark circles around them; feet and legs cold to the body, and impossible to keep them warm; pulse a mere thread; constant desire to nurse. Altogether a hopeless looking case.

The parents were candid enough to tell me they did not think I could do any good; that my two very worthy predecessors had given the case up; that they had no faith whatever in me, or in my treatment, and had always made much fun of my "sugar pills;" but they were anxious to try every means to help the child, and had sent for me at the earnest solicitation of their friend, who was then present.

I would much rather have had my first case not quite so hopeless a one as this, for, to tell the truth, I saw no hopes at all, and was about to tell them so, and decline to treat it at all, when I met the mother's eye full of pleading for me to do something for her little one. I resolved to undertake the case; told them exactly what I thought of it, but where there was life it was always best to try and bring about a cure. I did not think the chances, at this late stage, very favorable, but was willing to do all in my power if they desired me to do so. I was told to do all I could. Taking into consideration the treatment it had been previously subjected to, I decided to begin the treatment with *nux vom.* I left a few pellets of the 3x, and promised to call again in a few hours; ordered it to be bathed all over in sweet-oil and whisky three times a day; put the mother upon a close diet, and left with but little hopes of a cure.

After a thorough study of the case, I selected *ippecacuanha* as the remedy, gave it in the 30th potency the next morning, and during this day—the second of treatment—the child had but thirteen passages, two of which were yellow; no more vomiting. I could get no further improvement from the use of *ippec.*, although I gave both higher and lower potencies. The stools remained of the same character. I then gave *calc. c.* 200x, as the fontanelles were very large. This improved the general appearance of the child, and it slept sweetly the following night—the fourth of treatment—the first time since its birth. Still, the stools were

green and frothy, with a thick scum, "like the scum on a frog-pond."

The eighth day I gave magn. carb. 200x. At my next call, the following morning, the mother, with face all wreathed in smiles, wanted to know if there was magic in that last medicine, as "my babe is so much better this morning." Only five operations during the last twenty-four hours, and the stools much better in color and consistence.

The babe began to plump up, and entirely recovered. Since then, they, and many of their friends, have unlimited faith in "sugar pellets" and use no other medicines in their families.

Case 4—H.: Girl; age, 14 months, Aug. 3d. Has just passed through a period of teething, when seven new teeth came through. Now has diarrhœa; stools every few minutes, of a coppery odor; chiefly mucus, about a teaspoonful at a time; a good deal of straining at each stool; no appetite; great thirst; considerable fever. Yesterday evening had two spasms; very restless during the early part of the night.

Merc. sol. H. stopped the straining partially. The stools now changed to a green color, alternating with whitish, mucous discharges; small and frequent, with pain before stool, and relief after; groans and grits her teeth; abdomen swollen and tympanitic. I gave ipec. and dule. without relief. The fifth day had another spasm. Cina 30x, a few pellets every few hours. This was the last prescription that I had to make, as the child began to show improvement directly, and she made a quick and complete recovery without any more medicine.

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## NASAL CATARRH.

BY J. D. STONEROD, M. D., MEADVILLE, PA.

The word Catarrh, without any qualification, has been the means of leading astray both the profession and the laity oftener than any other word in the nomenclature of diseases. It is almost always taken for the disease itself, whereas it is only a symptom. The noun Catarrh is a derivation from the Latin Catarrhus, or from the Greek Kataroous, which means a running down, a flow, a discharge, in medical parlance: a secretion. Hence the word should only be used to designate those diseases

in which one of the principal symptoms is an increased flow of some one, or of all, of the secretions peculiar to the organ diseased. It is an index to a certain pathological condition, and the adjective form, *catarrhal*, should be used instead of the noun. Nosologically speaking, it would represent a pathological condition, which it really does.

All diseases of the nose and of the naso-pharyngeal space, with two exceptions, viz.: *Naso-pharyngitis sicca* and *dry coryza*, are accompanied with *catarrh* according to the extent, relation and nature of the disease present.

The several diseases of the nasal and naso-pharyngeal track must in a great measure be differentiated by the *catarrh*, and to make a correct differential diagnosis of the pathological condition of the parts involved is the all-important factor. We consider it is the want of correct differential diagnosis that so few cases of nasal and naso-pharyngeal diseases are successfully treated by the general practitioner.

They, however, have our sympathy, for little is said in our text books and periodicals, and much less by our professors in the schools, on the subject of *catarrhal* diseases of the superior breathing apparatus, notwithstanding the prevalence of the disease in question in this climate. If they do learn to differentiate, they must do it from actual experience and observation. To get back to our subject: no other disease, so trifling in its ultimate results, gives the patient so much uncomfotableness and suffering; neither is there a class of diseases so universally neglected both by the profession and the people as *catarrhal* diseases of the anterior and posterior nose.

Nosologically and pathologically speaking, we have anteriorly acute and chronic *coryza*, dry and ulcerous *coryza*, hypertrophy of the submucous and cellular tissue, caries and necrosis of the bones, and polypi. Of the naso-pharyngeal space we have *naso-pharyngitis exudens et sicca*, hypertrophic and atrophic adenoid vegetations, and polypi. We naturally inquire why are not these pathological conditions more successfully treated? We can give no other answer than that various points of differential diagnosis are never made out.

It is not generally taken into consideration that the different pathological conditions and changes present symptoms similar to

each other, i. e. all have a "catarrh." Thus there are no distinctions made, and all are treated for the symptom "catarrh." Here is where the trouble commences, confusion takes place, unscientific medication ensues, and the result is deplorable both to the physician and to the patient.

### TWO CAPSICUM CASES.

BY CLARENCE M. CONANT, M. D., MIDDLETOWN, N. Y.

On a hot midsummer afternoon, two years ago, I was called suddenly to "J. B.," a carpenter, aged about 30, of nervo-sanguine temperament. I found him howling, moaning and cursing, now rolling upon the floor, now scratching his shoulders, hips and back against the unfinished wall of the room in which he was. He was naked, and his skin presented an unbroken mass of fiery red elevations of the size of hemp-seed; eyes bloodshot, pulse about 120, while the dry skin emitted heat perceptible to the hand held near it; tongue coated thick white. He could not and would not answer any questions, but complained bitterly that he burned and itched so horribly. From his wife I learned that he had suffered a paroxysm of chills and fever the day before, and a neighbor had suggested that a full dose of pepper would prevent its recurrence. So he had taken a teaspoonful of common black pepper about two hours before, just as he felt the chill coming on. The dose had broken the chill undoubtedly, but had also broken out on him. I ordered him to be rubbed frequently all over with camphorated vaseline, and dropping five drops of the spirits of camphor on sugar, dissolved it in a half-glass of water and gave a teaspoonful hourly.

A few hours sufficed to effect much mitigation, but the next morning found him complaining of a terribly sore throat, which called so plainly for Belladonna that the 30th was given in water. The throat was swollen deep-red and seemed to contract like a stricture of the œsophagus whenever any attempt was made to swallow.

The morning of the third day found the throat much better and the skin peeling off in flakes, large and small, as if the patient had suffered from scarlet fever. A few hours later he was attacked with terrific pain in the bowels, which were swollen and

tympanitic, and with it severe strangury. Soon diarrhœa set in, at first of dark fœces, then dark, slimy, bloody stools, and finally bright red blood in profusion. The stools were small and frequent, which, with the violence of the colic strangury and tenesmus, caused me no little apprehension. Canth., Chin., and Mere. Corr. were given without the least effect. Nux v. 200 brought the desired relief with amazing promptitude.

Convalescence found this man with a most annoying dyspeptic weakness, which was only cured after a long and methodical use of Hepar 3d, 30, 200 and 1,000.

Last August I was called one afternoon to T. F. McV. who said he could not swallow anything. Inquiry elicited the fact that he had suffered from chills and fever, and had called an eclectic physician celebrated in our town for his large doses and treatment of women suffering from *amenorrhœa* (?). The doctor had made a prescription, which, filled, the patient had vainly endeavored to take. But after a few doses he obstinately and unreasonably (his friends said) refused to take any more of it. To me, McV. said, "I cannot take it; it burns me like pepper from here (indicating his throat) down to my very anus"; and has made my throat so sore that "I cannot swallow anything." "Not anything absolutely," I asked? "Please try a little water or milk." It was brought, and he, protesting all the time that he could not swallow it, took a mouthful, and I could follow it (by the muscular action) into the upper part of the œsophagus, when a sudden spasm of the muscles of the throat set it, and an expression of agony, too genuine to be assumed, spread over his face. Now *swallow* it, don't let it come back," I said; but before the words had left my mouth the water was violently rejected through his mouth and nostrils. Inspection showed the mouth and fauces only slightly inflamed. No fever, no constitutional symptoms. Milk and mutton-broth were advised as a diet, and I insisted that he should make the effort to swallow a little every 2 hours alternating the two fluids. He got Arnica 1st, 3d, and 30th, with no result; and then Bell. 3, which relieved him considerably within a few hours, followed by Bell. 30 and 200, under which full recovery was made from the œsophageal stricture, but his chills returned in full force. Chill about 3 p. m., with violent head-



ache over the left eye, some numbness and pains all over, followed by fever and then sweat. Cedron<sup>1x</sup> cured with but one chill after he took the medicine.

I went to the druggist who put up the eclectic prescription, and although he refused to allow me to see the prescription, or even to tell me the quantities of its components, he did inform me that the prescription called for Tincture of Eucalyptus, Sulphate of Quinine, and Capsicum, which was sufficient to show me that I did not err greatly in my diagnosis of Capsicum-poisoning, causing a stricture of the œsophagus.

It might be of interest to state that the first case never had a second chill after taking the Capsicum, although he *did* have the symptoms I have enumerated.

Finally, the idea is suggested to my mind, if Capsicum will cause stricture of the œsophagus will it not cure it! I have a case on hand which is now taking Capsicum with apparent benefit.

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## SURGICAL INTERFERENCE IN DIPHTHERIA.

BY H. W. BRAZIE, M. D.

[Read before the Hahnemann Medical Society of Hennepin County, Minn., November 3d, 1882.]

The air passages may be opened in three different localities, viz.: *Laryngotomy*—through the crico-thyroid membrane. *Laryngo-Tracheotomy*—through the cricoid cartilage and upper rings of the trachea. *Tracheotomy*—through the trachea below the isthmus of the thyroid gland. Of the three operations, tracheotomy is the most difficult and dangerous. Opening of the air passages may be required in any disease or injury that produces an impediment to the passage of air from the mouth into the trachea, or where foreign bodies lodge in the air passage. Also, in some cases of suspended animation, when artificial inflation of the lungs cannot be obtained by the usual methods.

It is not my purpose to give the surgical means necessary, but to take up diphtheria and endeavor to show the exact moment in the course of that disease when tracheotomy is required of the surgeon, and when he should be censured if he does not adopt it to save life. There are times when we all have an innate feeling

that we have not done our whole duty ; look at our work as we may ; place it in this light or that ; approach it from any direction, still we do not feel entirely at rest in regard to the matter. I know that the physician is too apt to leave undone that which should be performed, either from an uncertainty as to the result, or from fear of not doing the work correctly. In either case the sequel stands before him ; he hesitates and loses the one chance to prolong life at least, if not to safely carry the sufferer to ultimate recovery.

I will endeavor to give briefly the indications for surgical interference in diphtheria and other diseases that have a like tendency to impede and obstruct the air passages, and to such an extent as to make necessary the establishment of a *Tracheal Fistula*. Tracheotomy is required when the local affection predominates ; when the general symptoms of the disease are put in the background, and suffocation forces us to heroic treatment ; when we can convince ourselves by examination that there is a rapid development of a stricture of the glottis, not by a fibrinous deposit, but by a high degree of infiltration of the submucous tissues, œdema of the mucous membrane and the limited outward movement of the vocal cords resulting from it ; the accumulation of a tough, viscid suppuration or partly plastic secretion, that may close the glottis, or cause spasms which, continuing, will produce death by suffocation : when the removal or destruction of one membrane is quickly followed by the formation of another, blueness of the face, stridulous breathing, violent gasping, and every indication of speedy dissolution.

As regards the operation itself, when possible it should be done by daylight and with proper assistance. The knife is the best instrument, and should be aided by the finger of the operator : carefully dissect down the individual layers until the trachea is laid bare ; the locality where the trachea is to be opened must be left to the judgment of the operator. In children, especially, tracheotomy is to be preferred. In too early an operation we meet with great difficulty from the violent rising and falling of the larynx, making it necessary to fix the parts by the aid of pointed hooks. In the later operation, when the child is half-unconscious by the advancing asphyxia, this is not met with. The use of chloroform is not to be recommended. As broad a

canula as possible should be used ; it should be cleansed of the membrane and bronchial secretion often. The temperature of the room should be kept even and moist, and at a temperature of 80° F. If the edges of the wound have an unhealthy appearance, or diphtheritic deposits show themselves, it should be treated with Arg. Nit., Permanganate of Pot., or Carbolic Acid spray. The principal remedies indicated are: Ars., Nitr. Acid. Lachesis, Cuprum, Veratrum, and Nux. Allow the canula to remain in the wound until the laryngeal inflammation subsides. This may occur in three or four days, but often not under two or three weeks.

Although the operation of tracheotomy is simple, still the difficulties are such as to warrant the utmost coolness and caution on the part of the surgeon. The proportion of cases that recover depends upon the character of the disease—ordinarily about twenty-five per cent. are successful. The prognosis of this operation will be so much the more unfavorable on account of the tendency of wounds to be secondarily affected by the diphtheritic condition ; the danger is doubly great in this locality when a mucous membrane has to be cut through, which is already the seat of diphtheritic poison, or else in close proximity to the same. There are cases in which muscular paralysis entirely annuls the functions of vitally important organs, especially when the palatine and pharyngeal muscles and those of the larynx are paralyzed. If the former alone are affected, the patient loses entirely his ability to swallow ; if the latter, there is not so much danger from interference with the respiration, as from particles of food passing into the bronchi during deglutition. To save the patient from starvation or fatal pneumonia, we should resort early to the use of the œsophageal tube for the purpose of nourishment. It is rarely that paralysis of the muscles of the glottis, when not complicated with other troubles, will cause such a disturbance in respiration as to make necessary the operation of tracheotomy.

In the brief paper presented above I have endeavored to give a synopsis of the surgical interference necessary in that terrible scourge which is prevalent in our country at all seasons of the year ; the lesson is obvious. Do we do our whole duty as physicians ? Is there not many times left undone a last effort that, if

performed, might result favorably? When we take into consideration the large per cent. of cases that recover and the certain death of the patient if this operation is not performed, does it not behoove us to think well of this operation, and, at least, not to cease our efforts until every device known to the medical world is tried.

The following notes may be of interest in connection with the above paper.

Dr. W. H. Leonard asked if one-fourth of successful cases was the proportion in general experience.

Dr. B. answered that he had summed up the following authorities:

Talbot, Boston,	36 operations,	27 lost,
Wesselhoeft, Boston,	7 " "	5 " "
Beekwith, Cincinnati,	13 " "	11 " "
Ziemssen's Encyclopedia	75 pr. ct.	" "

Aggregate 25 pr. ct. saved.

Dr. Talbot claims the first successful operation in the United States.

Dr. T. P. Foster—Were all these operations in connection with Diphtheria? Answered, Yes.

Dr. B. then described a new instrument invented by Dr. Jno. C. Minor, [See Helmuth, last Ed., pp. 708-9.] designed "to hold open a wound in the trachea so that the air can pass in and out of the windpipe through the wound."

His personal experience in this operation had been two cases, both successful.

### CLINICAL CASES IN SURGERY.

BY WM. E. LEONARD, M. D., MINNEAPOLIS, MINN.

#### CASE I.—DOUBLE FRACTURE OF THE ULNA.

Aug. 3d, 1882.—Peter L., a night hand, while at his work in a saw-mill in North Minneapolis, carelessly caught his left arm in the shafting. His companions came to his rescue, and on finding his arm motionless, except with great pain, conveyed him to his home and placed him in bed.

Two hours later, about 10 p. m., I found him lying with his left elbow slightly flexed, suffering much pain in the forearm,

which was severely bruised along its inner surface. The parts were so sore and swollen that I put on a provisional bandage only, the arm being at right angles to the forearm and bound to his side to prevent motion, and ordered Arnica to be kept on it all night, giving the same internally every two hours.

The next morning, Dr. Wm. L. Craddock and myself removed the bandages, and endeavored to ascertain the extent of the injury, the swelling being somewhat reduced. After some manipulation we found crepitus along the middle third of the ulna, and again about three inches further up nearer the articulation, leaving a movable section of bone between these points. We naturally looked for a fracture on the radial side, but could find only a slight dislocation of head of the radius. The arm must have been struck very forcibly on the inner side by the belting being at the same time so rotated or twisted as to transfer some of the force to the radial side.

Producing forcible extension, we dressed the arm in a moulded paste-board cap for the elbow, reaching well up on the arm, using an ordinary thin splint on the upper side of the fore-arm, and supporting the whole in a sling. The dressing was readjusted within a week. On the 27th day after the injury passive motion was begun, and continued about once a week, with kneading and rubbing of the smaller joints and the muscles of the injured member.

After Sept. 7th, the patient was lost sight of for two weeks. On the 21st he reappeared at the office with renewed stiffness of the elbow-joint and very limited rotation, not having carried out directions as to moving the arm. Chloroform was administered, and the adhesions were broken up. Moreover, he was urged to begin light work immediately. The shaft of the bone seemed perfect on this, the 49th day since the injury, there being only a slight lessening of the powers of pronation and supination. The latter will probably disappear in time, for he has been a hard daily laborer ever since.

#### CASE II.—BACKWARD DISLOCATION OF THE ELBOW-JOINT.

Aug. 12th, 1882.—Mrs. M., seven months pregnant, slipped in the back yard, and, in falling, attempted to save herself by putting out her left arm. The result was a backward dislocation of both bones of the fore-arm upon the humerus. A few hours

later the joint was found fixed at an obtuse angle; and the patient suffering considerable pain about the joint.

Without an anæsthetic (because of her condition) and with considerable force in extension, I made the reduction quite readily. The joint was bandaged and ordered to be kept wet in a solution of Arnica, the same being given internally every hour.

There must have been considerable laceration, for the soreness continued for a week or two. However, the use of the entire arm has since been excellent.

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### SOME REFLECTIONS ON THE RELATIVE MERITS OF HIGH AND LOW ATTENUATIONS.

BY E. B. NASH, M. D., CORTLAND, N. Y.

In the address before the World's Homœopathic Convention of 1876, Carroll Dunham spoke the following words: "I do not despair of seeing before many years, from some Old School authority or some non-medical investigation, a demonstration of the medicinal powers of Homœopathic potencies; and I warn such of my colleagues as have been influenced by the arguments of our opponents against the chagrin they will feel when they shall be outflanked on this point; when to unbelieving Homœopaths shall be presented by experimenting Allopaths a demonstration of the drug power inherent in Homœopathic attenuations."

Although Dunham did not live to see this prediction fulfilled, yet the first decade has not passed when a man holding high position in the world of science, a man formerly hostile to Homœopathy, an honest man who accepts the truth even when it clashes with his former convictions, no less an authority than Prof. Jaeger, announces the discovery made, demonstrates it, and demands the most searching investigation.

Verily it becomes us not to pronounce too readily our verdict upon that which seems to be, but cannot yet be demonstrated. The world moves, and the age of discovery is just begun.

These thoughts came to my mind after reading the extract from the president's address before the Homœopathic Medical Society of Michigan as published in the COUNSELOR, No. 71. I wish to say a few words on the proposition therein, page 236, viz.: "Neural-analytically, the former (mother tincture) produces a

lowering of irritability (and since destruction of irritability is death, this may be called toxic or poisonous action), the latter (attenuations) an increase of excitability, hence a vivifying effect.

Then he goes on to state that the mother tinctures and attenuations, even so low as the 15th, hold to each other antagonistic relations, that they even antidote each other. Now the question with me is, how far are these conclusions by Neural-analysis corroborated by our experience in practice? That the potencies, even up into the thousandths, do act, has long been settled, except in the minds of a minority. This fact, it seems, has now been, or is being, corroborated by the tests of Jaeger. But this last proposition (antidotal relations of the low and high) is one still open to investigation by the physiological test. Many cases have been reported by scientific and trustworthy physicians, in which high potencies have cured where the low seemed powerless to do so. I think that most truly Homoeopathic physicians, like Grauvogl (Text Book, page 388), have been "compelled to give higher and higher potencies," and have found, like him, that they "have much better success at the sick-bed" than when they were confined to the low. I think, I say, that all who understand *Materia Medica* well enough to apply it scientifically, and are not too prejudiced to make the honest, painstaking experiment, must come to the same conclusion. But in regard to this fact that high potencies cure when low potencies fail, we have been taught to account for it on the ground that in the first case the dose was so large that it aggravated the condition to which it was homoeopathic, or hindered the reaction which was supposed to follow the first large enough dose which cured.

Now, are we to understand that the lowering of irritability, either by toxic doses of a drug or by disease, is in the direction of the *destruction* of irritability, or death? and that this *return* of excitability, or *production* of it by the higher potency, is a step in the direction of health?

If so, where is the line that divides the depressing from the exciting dose? Is there *any fixed line* of demarkation for either drug or individual? In all the remedies experimented with by Jaeger, Ipecac. alone failed to respond to the test, and the conclusion seems to be that in this remedy the antidotal relation rests

in some other potency. Then, of course, the inference must be that each remedy has a point somewhere, where one dose begins to be antidotal to another.

There certainly is a dose of every drug, homocopathic to an existing disease, which must aggravate, and the intensity of such aggravation afterwards increases with the increase of the dose, until death occurs. But will it continue to increase if, after slight aggravation occurs, the drug be now withdrawn?

In practice, while I have found that a high potency cures where a low potency has failed, I have also observed that a cure would follow sometimes when the low potency had been exhibited for some time without favorable result, simply by *withdrawing* the medicine entirely and giving *sac. lac.* Hence the question is often asked by the low potency men, when cures are reported with high potencies that followed the unavailing exhibition of the low, how do you know but it was the first dose after all that cured? It is a fair question; but there are plenty of instances in which the withdrawal of the low potency was not followed by such favorable result, and the exhibitions of the high were.

Now, I would like to see one more question settled by Prof. Jaeger, viz.: After the stage of lowered irritability spoken of by him as being produced by the mother tincture, is there later a reaction which corresponds to that of the increase of excitability caused by the higher potencies? If so, then the test of Jaeger corresponds to that of the physiological as instanced in the recoveries following the withdrawal simply of its too large dose. If there are exceptions to this rule, then it would go far to show in certain cases that not simply a withdrawal of the large dose is sufficient, but that the *potentized remedy alone* is capable of producing the excitability which tends toward restoration of life.

I do not know what are the signs by which Jaeger decides that the two conditions obtained, which he calls respectively lowered and excited irritability, or what right he has to thus name them. I hope he will be careful not to run into the too common error of trying to account for facts by a theory, but one thing seems certain, viz., that medicines do act in the potencies, as can be demonstrated aside from the *physiological* demonstration. Let us prove all things and hold fast to that which is good.



## ON THE ACTION OF CERTAIN MEDICINES HOMŒOPATHIC TO HÆMORRHAGES.

BY PROF. E. M. HALE, M. D., CHICAGO, ILL.

There are many who are content to know, or believe, that certain remedies are homœopathic to hæmorrhage, without caring to inquire in what way they act on the human organism so as to cause and cure hæmorrhages.

But there are also many physicians of our school who are not content with this amount of knowledge. They would also like to know *how* a medicine causes bleeding from blood-vessels. This latter class resemble those scientists who are not content with ascertaining the existence of a fact in natural science, but have a desire to know the ultimate forces which cause such facts to exist.

Hæmorrhages seem to arise from two opposite conditions of the blood-vessels, namely:—

I. An abnormal force of the heart's action producing such a tense, congested condition of the blood-vessels as to cause rupture and effusion of blood.

II. A laxity of the coats of the vessels to such an extent as to cause them to permit the escape of blood—either from rupture or exosmosis.

The first kind of hæmorrhage has been termed *active*; the later *passive*.

The question arises—Have we remedies which correspond closely to the two forms of hæmorrhage above described?

I think it can be shown that we have, and that our remedies should be carefully selected—not only to accord with the characteristic *symptoms* of each case, but with the *pathological* condition which exists in each case.

Among the medicines which cause *active* hæmorrhage alone may be named *Aconite*, *Belladonna*, *Bryonia*, *Chamomilla*, *Gelsemium*, *Veratrum viride*. There are, of course, many others which have the same action. It will be observed that none of these remedies are ever used for *passive* hæmorrhage. They cause bleeding by exciting the action of the heart to such an extent that the blood is forced into the blood-vessels with such

power that effusion from rupture results. The blood-vessels cannot resist the *vis a tergo*, and they break, as a piece of hose breaks under the too heavy pressure of the engine, and not because it is too weak. The blood in such hæmorrhages is always arterial—always florid—and nearly always affords relief to the congested organs. Such hæmorrhages should not be arrested by astringents or cold—but by lowering the force of the heart's action.

Another class of medicines which cause hæmorrhage, have a *double* action. They cause it by their primary—as well as by a secondary action, and, in consequence, are equally homœopathic to either kind. Among a large number which may be mentioned, I select only the following:—*Crocus, China, Erigeron, Hamamelis, Ipecac., Millefol., Phosphorus, Pulsatilla, Sabina, Scale, Trillium, Terebinth, Ustilago.*

The primary action of all these medicines, when taken in large doses, is to cause active congestion of the various organs of the body, to such an extent as to induce active arterial bleeding.

When this stage of active congestion (arterial) passes off, the blood-vessels, hitherto tense and overloaded, become engorged, and their muscular coats relaxed. Then we have not only passive *arterial* stasis but *venous* stasis as well.

But it is not enough to know this pathogenetic fact, we ought to know and understand the sequence of these conditions. Of what value is it to know that these medicines cause both a primary and secondary hæmorrhage? How can we make our practice more efficient by knowing that they cause first active, and then passive hæmorrhage?

The fact that homœopathic medicines are recommended for opposite symptoms and pathological states has been a puzzle to students of our school ever since the days of Hahnemann.

The time will come when this double, or opposite, action of all, or nearly all, medicines will surely be recognized, and when this is the case, our practice will be rendered more certain and scientific.

Briefly, I will give one rule for the successful prescribing of the above medicines. If the hæmorrhage be active from acute congestion, administer them in the middle or high potencies, *because* you are prescribing for primary effects, and no medicine should be given for symptoms resembling those of its primary action, except in the smallest doses.

On the other hand, if the hæmorrhage occur in consequence of debility, during prostrating diseases, or after severe acute hæmorrhages, and the blood is dark, grumous, does not coagulate readily, and recurs from every motion or excitement, prescribe the above medicines in the lowest potencies, or in material doses.

I have followed this plan for many years and have taught it in my lectures to successive classes of medical students. My own experience, and that of those who follow my teachings, has been so successful that I believe the true theory of dose has been finally reached.

I might adduce many cases of hæmoptysis, epistaxis, hæmatemesis, metrorrhagia, hæmaturia, etc., which would abundantly prove the above theory. But I believe it will occur to every physician who reads this paper, that he has had in his own practice many cases which aptly illustrate this principle.

The blind practice of prescribing the same dose of the homœopathic remedy in all conditions, both primary and secondary, has done vast injury to our practice.

Who would dare to give as much Turpentine in *acute* nephritis with bloody urine, as in *passive* hæmaturia? While turpentine 30th would cure the former promptly without aggravation, it would fail to cure the latter, and while Turpentine 1x dil. would arrest passive hæmaturia, it would fearfully aggravate acute congestive nephritis.

### THE CONDITIONS OF HUMAN INCREASE.

Let, therefore, on this principle, any class of organs or any parts of the body be unduly or very much exercised, it requires the more nutrition to support them, thereby withdrawing what should go to other organs. In accordance with this physiological law, if any class of organs become predominant in their development, it conflicts with the great law of increase. In other words, if the organization is carried by successive generations to an extreme—that is, to a high nervous temperament—it operates unfavorably upon the increase of progeny. Accordingly in the highest states of refinement, culture, and civilization of a people, the tendency has always been to run out in offspring; while, on the other hand, all tribes and races sunk in the lowest stages of

barbarism, and controlled principally by their animal nature, do not abound in offspring, and in the course of time they tend also to run out. The truth of both these statements is confirmed by history. The same general fact has been observed among all the abnormal classes, idiots, cretins, the insane, the blind, the deaf and dumb, and to some extent, with extreme or abnormal organizations, such as are excessively corpulent or spare, as well as of unnatural size, either very large or diminutively small.

It would seem that Nature herself is bound to put an end to organizations that are monstrous, that are defective, and abnormal or unnatural or imperfect in any respect. All history, we believe, proves that such organizations are not prolific in offspring, and the number of this class born into the world, reaching an advanced age, is comparatively not large. Such facts would indicate that there must be a general law of propagation that aims at a higher or more perfect standard.

If this principle is applied to distinct classes in society, some striking illustrations may be obtained. Take the families belonging to the nobility, the aristocracy, or the most select circles, where by inheritance, refinement and culture the nervous temperament has become very predominant, it is found that such families do not increase from generation to generation in offspring, and not unfrequently, in time, they become extinct.—DR. NATHAN ALLEN, in *Popular Science Monthly*.

#### CORRESPONDENCE.

EDITOR COUNSELOR:—I have to record a circumstance of peculiar interest to the medical fraternity.

A family named Tompkins, living in the western part of our county (Shawano), have all become insane at one time. The family consists of father and mother, one son, aged 22, and a daughter, aged 18. The father has long been considered a "crank"—he has been a preacher, and at times averred that he held the keys to hell. The whole family, with the exception of the daughter, was sent to the asylum at Oshkosh. It is thought that the girl will recover if separated from the rest of the family.

Respectfully,

J. D. W. HEATH,

Shawano, Wis., Oct. 29.

## AMERICAN INSTITUTE OF HOMŒOPATHY.

CIRCULAR FROM THE CHAIRMAN OF THE COMMITTEE ON LEGISLATION.

DEAR DOCTOR:—The above named Committee for the current year of the Institute consists of the following members:

John C. Morgan, M. D., Philadelphia, *Chairman*; A. I. Sawyer, M. D., Monroe, Mich.; J. P. Dake, M. D., Nashville, Tenn.; F. H. Orme, M. D., Atlanta, Ga.; E. C. Franklin, M. D., Ann Arbor, Mich.; I. Tisdale Talbot, M. D., Boston, Mass.; J. C. Budlong, M. D., Centredale, R. I.; George F. Roberts, M. D., Chicago, Ills.; Philo G. Valentine, M. D., St. Louis, Mo.; Ambrose S. Everett, M. D., Denver, Col.; C. B. Currier, M. D., San Francisco, Cal.; G. W. Pope, M. D., Washington, D. C.

The *Districts* remain as last year, very nearly.

Your attention is respectfully called to the necessity of securing numerous helpers within your District, in order to carry out our work; particularly in securing Congressional votes, as hereinafter explained.

The most important duty now before the committee is that imposed by the vote of the American Institute at its late session, instructing us to press the demand for equal rights in the medical corps of the United States Army and of the Civil Service.

Pursuant thereto, the chairman prepared a "joint resolution" for presentation to both Houses of Congress. This was amended by the Hon. Chas. O'Neill, M. C., of Philadelphia, and presented by him (by unanimous consent), in the House of Representatives; and by the Hon. J. Donald Cameron (also by unanimous consent), in the Senate. In each House it was read twice, and referred to the appropriate committee, in whose custody it remains, and whose active support must be now secured. These are: House Committee on the *Judiciary* consisting of the Hons. T. B. Read, of Maine; Edwin Willitts, of Mich.; G. D. Robinson, of Mass.; J. F. Briggs, of N. H.; H. L. Humphrey, of Wis.; Ezra B. Taylor, of Ohio; Moses A. McCoid, of Iowa; L. E. Payson, of Ills.; A. Norcross, of Mass.; J. Proctor Knott, of Ky.; N. J. Hammond, of Ga.; D. B. Culbertson, of Texas; G. L. Converse, of Ohio; Van H. Manning, of Miss.; R. W. Townshend, of Ills.; and the Senate Committee on *Civil Service and Retrenchment*, consisting of the Hons. Joseph R. Hawley, of Conn.; Edward H. Rollins, of N. H.; John P. Jones, of Nevada; Henry L. Dawes, of Mass.; John I. Mitchell, of Penn'a; M. C. Butler, of So. Ca.; James D. Walker, of Ark.; John S. Williams, of Ky.; George H. Pendleton, of Ohio.

The following is a copy of the "Joint Resolution" in question:

"House Res. 259;" July 17th, 1882.

"Senate " 96;" July 14th, 1882.

"JOINT RESOLUTION—relative to Schools of Medical Practice in the United States, and the graduates thereof.

"Resolved by the Senate and House of Representatives of the United States of America, in Congress assembled, That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any Officer of the United States Government, Civil, Military, or Naval, to make discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the Government.

"SEC. 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the Office of the Librarian of Congress, subject to the inspection and use of members of Congress."

On the introduction of this measure, the journals of the old-school showed much alarm and opposition, even abusing the Hon. Senator for his action. On the other hand, the allopathic liberals have contended for its propriety. We thus learn that we must prepare for a sharp contest.

The first step will be to secure immediate and favorable consideration thereof by each of these committees; to which end, the several gentlemen whose names are above given should be duly informed of its nature, and their approval individually sought by the prompt and earnest personal efforts of physicians and others, in their respective districts. The resulting recommendations of these committees will doubtless largely shape the action of the House and Senate. The consequences to Homœopathy will be immense.

The second step will be to obtain (duplicate) signatures in large numbers, everywhere, to the annexed petition to the two Houses. The petition should be forwarded *as soon as possible*, through the chairman of this committee, or otherwise, before the *opening* of the winter session, in order that the resolution may obtain an *early* consideration in each House, *for third reading, and passage*.

The third step will be to secure the influence of each and every member of Congress, through the personal appeals of our friends and theirs, united with those of all the excluded systems of practice in their own districts; letting all know that scientific medicine fears nothing, and can lose nothing thereby. Our societies, everywhere, should pass, and forward, *resolutions sustaining* members who favor our cause.

The fourth step will be to endeavor to secure from the President of the United States a like favorable consideration, and *his signature*.

Every person who shall see this circular is particularly requested to take notice of whatever of these steps he or she may be able to further in any way, and to constitute a committee for that purpose. *Let all action be immediate!*

It is to be borne in mind, and duly urged, that the British Medical Act of 1858 (Section xxiii), is of like tenor, as respects the impartial licensing of medical men in civil life; going so far as to revoke the licensing power of institutions vested therewith, as a penalty for violation of the said prohibition. This act forms an undoubted precedent in *law*. The *equity* is undeniable. (See British Journal of Homœopathy, April 1st, 1882.)

JOHN C. MORGAN, M. D.,  
Chairman.

The following is the form of heading of the Petition to be circulated and signed; and of which copies will be furnished by the chairman:

*To the Honorable the Senate and House of Representatives of the United States of America, in Congress assembled:*

The undersigned, your petitioners, respectfully represent to your honorable bodies,

1. That the theory and practice of medicine is a matter of great importance to the Army, the Navy, and the Civil Service of the United States;

2. That at the present time, the opinions and practice of physicians of equal learning, ability and honesty, differ so widely as to divide them into sects, such as those commonly called allopathic and homœopathic;

3. That one of these sects, calling itself "regular," has now, and has always held absolute medical control of all Departments of the Government Service; thus compelling all government employes to submit to its arbitrary choice of medical treatment.

4. That no candidate for appointment to medical service under the government who avowed his belief in any other system of medical practice than that called "regular," however learned and well qualified in other respects, has heretofore been accorded an appointment or even an examination for the same, in any government service.

5. That such discrimination in favor of one medical system against all others, equally high in the confidence of the people of the United States, is an evident usurpation of powers not granted to the said public servants by law, and therefore tacitly prohibited to them.

6. That your petitioners, patrons of all systems of medical practice, including the so-called "regular" itself, do earnestly pray that such unjust and injurious discrimination be hereafter prohibited by law of Congress, in some form, such as the Joint Resolution now before your honorable bodies, viz. :—Senate Resolution (1st Session), No. 96, and House Resolution, No. 259, of July 14th and 17th, last, respectively; and that all *qualified* physicians be thus made *equal before the law*, in the Government Service.

And your petitioners will ever pray, &c.

## A PROPOSED BILL TO REGULATE THE PRACTICE OF MEDICINE IN MICHIGAN.

BY HENRY B. BAKER, M. D., LANSING, MICH.

SECTION 1. *The People of the State of Michigan enact*, That, from and after the time when this act shall take effect no person shall begin the practice of medicine, or of any branch or department thereof (except dentistry), or profess to begin the practice thereof, in this State, without first exhibiting evidence of qualification for such profession in accordance with the provisions of this act. In this section the term, "begin the practice of medicine in this State," shall not apply to any person, who at the time of the passage of this act is actually practicing medicine in this state; *provided*, that such person shall have registered as a practicing physician, as provided in this act.

SECTION 2. A State Board of Medical Examiners is hereby constituted as follows: The faculty of each legally constituted and reputable medical college in this State, authorized by law to confer the degree of Doctor of Medicine, and actually existing and teaching as such a college, shall biennially name one member, the Superintendent of Public Instruction shall biennially name one member, and the State Board of Health shall biennially name one member; of the persons thus named in the first instance, six shall be appointed by the Governor with the advice and consent of the Senate, and when duly qualified, and when their oaths of office shall have been filed in the office of the Secretary of State at Lansing, they shall organize as a State Board of Medical Examiners,

and shall elect from their number a president, a secretary, and such other officers as their organization may require, and shall adopt and publish rules for procedure. *Provided*, that the failure of any college, or of all the colleges, to name a candidate for membership shall not cause a failure to organize or continue the Board; but the Governor, or the Governor and Senate, shall appoint the six members in the first instance, and two members biennially thereafter, and those actually nominated, appointed and legally qualified, shall organize and legally perform all the duties of the State Board of Medical Examiners. *Provided*, further, that no teacher, professor, lecturer, or officer of any of the before mentioned colleges, shall be eligible to membership except as a representative of the college to which he belongs. Any vacancy in the board may be filled, until the next regular session of the legislature, by the Governor.

SECTION 3. The term of office of each member first appointed shall be decided by lot, so that the term of two members shall expire every two years; and the term of office of each member appointed thereafter shall be six years.

SECTION 4. It shall be the duty of the members of the State Board of Medical Examiners to organize as a board immediately after this act takes effect, and proceed at once to prepare plans for a record book for the use of the county clerks, blank forms for returns by the county clerks to the State Board of Medical Examiners, and such other blanks, circulars, instructions, etc., as may be necessary to carry this act into effect in the first instance, and with a view to its continuance, and to cause such record-books, blank forms, and circulars to be made by the State printers and binders, and to cause to be given to the Board of State Auditors, for audit and payment out of the general fund, bills for such printing and binding, duly certified by the State printers and binders, and by the Secretary of the State Board of Medical Examiners.

SECTION 5. The expenses of the State Board of Medical Examiners, and the compensation of its members, shall be paid out of money collected by the board from the candidates examined, in accordance with Section 6 of this act. *Provided*, that the expenses of starting the work of registration of physicians shall be paid as specified in Section 4 of this act.

SECTION 6. Each candidate for examination shall pay to the board or its treasurer, the sum of \_\_\_\_\_ dollars.

SECTION 7. The State Board of Medical Examiners shall keep a record of all examinations made by it, which record shall include statements of items requisite for identification of the person examined; such as the name, age, sex, color, height, color of hair, color of eyes, and other items, if necessary; the names of the examiners, specifying the one who examined each candidate in each subject, the subjects in which each candidate passed successfully, those in which he failed to pass, and his standing in each subject.

SECTION 8. In each year the State Board of Medical Examiners shall make a report to the Governor, which report shall include accounts of receipts and expenditures by the board, statements of the number of candidates examined, the number and names of those passed, and the number rejected, copies of the questions asked—which shall not all be the same in any two years—and copies of rules and regulations of the Board of Examiners; also the number of registered practitioners in each county, as reported to the board by the county clerks.



**SECTION 9.** It shall be the duty of the State Board of Medical Examiners to examine each candidate for the practice of medicine or of any branch of the medical practice, as to proficiency in the English language and in the sciences of anatomy, physiology, pathology, ætiology, chemistry and toxicology, as follows: Relative to the English language, the examination of each candidate shall be such as to ascertain whether the candidate has sufficient intelligence and education to enable him to read and write understandingly, accurately and logically on such topics as are likely to arise in the course of his studies and in his relations with those who will fill his prescriptions, act as nurses, be his patrons, or officially consider his testimony in court. Relative to anatomy, the examination shall be such as to ascertain whether the candidate has sufficient knowledge of the subject to enable him or her to explain the nature and relative position of the different structures in any part of the body, with reference to an injury, surgical operation, or other practical question connected with any of the several branches of medical practice. With reference to physiology, the examination shall be such as to ascertain whether the candidate is able to explain the normal function of each important organ in the human body, so far as the same is known and established in science. With reference to pathology, the examination shall be such as to ascertain whether the candidate is able to explain to one familiar with the science the usual changes which occur in the structures and functions of the different organs, systems and parts of the human body in each of the common diseases. The examination in ætiology shall extend to what is known of the causes of the principal diseases which prevail in this State. The examination in chemistry shall include tests of the candidate's knowledge of the characters of acids, bases, alkaloids, alcohols, and ethers, the reactions which occur under given circumstances between different chemicals or substances used as medicines, the chemistry of the blood and other fluids and solids of the human body, the proximate analysis of urine, the normal composition of cow's milk, and the chemistry of foods, nutrients, and drinks. The examination in toxicology shall be sufficient to indicate the candidate's knowledge of the most common poisons, the nature and appearance of each, the common sources of each, the effects upon the healthy human being, poisonous and fatal doses of each poison, tests for poisons, and the chemical and household antidotes for the poisons. In each of these examinations questions upon which only opinions can be expressed shall not be asked; but in examinations in the English language the questions shall be restricted to established usage, and in the sciences they shall be restricted to established and demonstrable knowledge, accepted as such by those who teach those sciences.

**SECTION 10.** The State Board of Medical Examiners shall grant to candidates who pass a satisfactory examination in the several subjects required by Section 9 of this act, a certificate, under the seal of this Board, stating when they were examined, and in what subjects they passed an examination. Provided that the Board may decline to examine or to grant a certificate to any candidate whose moral character is bad.

**SECTION 11.** It shall be the duty of the clerk of each county in this State to receive the books, instructions, blank forms for returns, etc., prepared in accordance with Section 4 of this act; to make and keep a record of all physicians entitled to be recorded under this act; and to report annually to the State Board of Medical Examiners, at Lansing, the names, postoffice addresses, etc.,

of physicians recorded during the year, and such other facts as are required in the instructions from the State Board of Medical Examiners, in order to fulfill the intent of this act.

SECTION 12. Any person who at the time of the passage of this act is actually practicing as a physician in this State, may, at any time within \_\_\_\_\_ months after this act shall take effect, apply to the clerk of the county in which he resides, to be recorded as a physician, in manner as follows: The application shall be on a blank prepared by the State Board of Medical Examiners, and supplied by the county clerk, and shall specify the time and place of such practice, the "school," pathy, specialty, or system of therapeutics or other branch of medicine practiced, the time and place of graduation as a Doctor of Medicine, the age, sex, color, place of residence and postoffice address of the applicant, and such other facts as the State Board of Medical Examiners shall deem important for purposes of identification, or to be placed upon record, and shall provide for, in the blank forms or instructions prepared by such State Board.

SECTION 13. Upon receipt of an application as specified in Section 12, duly signed and sworn to by the applicant, and attested by two witnesses before some person known to the county clerk to be authorized to administer such oaths, the county clerk shall make the record contemplated by this act; *provided* such sworn application shall show that the applicant has practiced medicine, as specified in Section 12, for the time and as otherwise required by this act, in order to authorize a person to practice medicine in this State; and *provided* further, that the application shall reach the county clerk within \_\_\_\_\_ months after this act takes effect. A practitioner concerning whom such record is made, shall be considered a legally registered practitioner of medicine in that county.

SECTION 14. At any time after this act shall take effect, upon receipt of a certificate, issued by the State Board of Medical Examiners, stating that the applicant has passed the examination required to be made by that Board, together with an application similar to that specified in Sections 12 and 13, including also a similarly sworn and attested statement that the applicant is the same person examined, and to whom the certificate was issued, the county clerk shall make the record of the applicant as a practitioner of medicine, and such practitioner shall be legally authorized to practice medicine in that county.

SECTION 15. In case a practitioner removes from one county to another, it shall be the duty of the practitioner to place upon record with the clerk in the county from and the county to which he removes, his correct post-office address, and to cause a certified copy of the original record to be made and recorded as specified in this section. A practitioner may be recorded in as many counties as he pleases, but his post-office address and residence must, in each case be specified. Upon application, together with a copy of the record of himself as a practitioner, certified by the clerk of a county to be an accurate and complete copy of the original record, together with a sworn and attested statement by the applicant that he is the person described in the original record, and that he intends to practice medicine within the county in which he thus applies and other than that in which the record was first made, the clerk of the county shall make and keep a record, which shall include the first record, and such other facts as the State Board of Examiners shall specify in its instructions.

**SECTION 16.** A certified copy of the record of any practitioner may be obtained by any person from the county clerk upon payment of the proper or the usual fee for such service.

**SECTION 17.** No person who practices medicine, surgery, or midwifery, in any of their branches (except dentistry) shall be able in any of the courts of this State to collect pay for professional services rendered subsequently to the time stated for this act to go into effect, unless he or she was, at the time such professional services were rendered, duly registered as a medical practitioner according to the several provisions of this act.

**SECTION 18.** Whoever violates a provision of this act shall forfeit a sum not exceeding ——— dollars. It shall be unlawful for any person to practice, or profess to practice, medicine, surgery, obstetrics, or any art of healing, or treatment of the sick (except dentistry) or receive pay for practising in this State, except there shall be in the office of the clerk of the county in which the practice is performed, a record of such person as a practitioner, in accordance with the several sections of this act; and if any person who has not complied with this act, and who has not thus been authorized, shall practice or profess to practice medicine, surgery, or the art of healing, or any of their branches, whether of therapeutics, obstetrics, surgery, or any other department thereof (except dentistry), in this State, he or she shall be deemed guilty of a misdemeanor, and on conviction thereof, shall be liable to a penalty in any sum not exceeding ——— dollars, and to imprisonment not exceeding ——— years.

**SECTION 19.** It shall be the duty of the State Board of Health, and of the health officer and local board of health in each township, city, and village, to co-operate with the State Board of Medical Examiners, which is hereby charged with the duty of securing the fulfillment of the requirements of this act.

**SECTION 20.** The Board of State Auditors shall, if required, provide and furnish office-room at Lansing for the State Board of Medical Examiners.

### MEDICAL MEMORANDA.

At a meeting of the Faculty of Pulte Medical College the following preamble and resolutions were adopted.

“Since the last regular meeting of the Faculty of this college, through the dispensations of Providence, our esteemed friend, and colleague, A. C. Rickey, M. D., has been taken from us by an early death; and as we desire to place upon record our appreciation of his worth, therefore, *Resolved*, That the members of this Faculty will cherish the memory of their departed friend and brother, with the regard inspired by a long and harmonious association; and that they will feel his death as a personal bereavement.

*Resolved*, That in the death of Professor Rickey, this college has sustained the loss of a wise counsellor, an able instructor, and a staunch friend, ever ready to assist in promoting her welfare and guarding her interests.

*Resolved*, That we tender to his afflicted family, our deep sorrow and heartfelt sympathy, rejoicing, however, in the consolation that while he has been taken from them and from us, his brilliant intellect, his conscientious work, and his religious character assure us that this sad event is, to him, but an entrance into a happier life.

*Resolved*, That a copy of these resolutions be spread upon the records of this Faculty, that a copy be sent to the daily press, and that a copy be sent to the family of our deceased friend.

G. C. McDERMOTT.  
J. M. CRAWFORD.  
C. D. CRANK.

# THE MEDICAL COUNSELOR

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. Arndt, No. 62 Monroe Street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## EDITORIAL.

Our esteemed colleague of the *Medical Advance* quite misapprehends the animus or the drift of the COUNSELOR's brief editorial remarks concerning the International Hahnemannian Association. The COUNSELOR, soon after the organization of said association, expressed regrets that the association had been formed, called into question the wisdom of the step itself, and avowed the conviction that the real purpose of this new organization, so far as it concerned the *leaders* of the movement, was, and is, no more and no less than an attempt to produce a schism in the school. The COUNSELOR maintained that no good reason existed for such a departure, that the claims of the minority in the American Institute had ever been treated with consideration; that there had ever been given to every man a chance to express himself freely on all questions of the hour, and that no lover of Homeopathy could now afford to do anything to lessen the influence or to weaken the strength of the national association, which, in spite of all that may be said to the contrary, has done a great work in behalf of Homeopathy.

As was expected, the COUNSELOR was bitterly criticized by many who had taken an interest in the organization of the I. H. A., or who were short-sighted enough to expect from the association wonderful things in behalf of pure Homeopathy; it was even held by those gentlemen who think that a journal must of necessity be pledged, soul and body, to *some* wing or party, that the COUNSELOR was going to turn its back upon that pure, sensible, and practical Homeopathy which has been, *and which ever will be*, advocated in these pages.

The brief editorial in our issue of October 1st, 1882, furnishes *undeniable* proof of the correctness of the position taken by us more than two years ago. It makes little difference whether, or not, the members of the International Hahnemannian Association insist that the utterances made by Drs. Berridge and Pearson were only the expression of *individuals*, and as such of no particular weight. The fact is this: individual opinions on points of vital importance, freely expressed and thoroughly discussed in an *official address*, and *suggestions* made in an official paper, are always presumed to possess weight; and when such an expression is followed by the prompt re-election of the speaker to the highest position within the gift of the body addressed, it is absolutely useless to plead that the official thus handsomely treated fails in most important matters

to express the views and to reflect the opinions of his constituents. As little would the members of the I. H. A. have re-elected Dr. Pearson to the presidency of said association were those present at the meeting in 1882 opposed to a separation from the American Institute, as the nomination to the presidency in 1860, could have been secured for Mr. Lincoln had this gentleman issued an open letter betraying even the slightest degree of sympathy with any effort to extend slavery or with the political party which advocated measures to that effect.

So far as the American Institute of Homœopathy is concerned, its record shows many a sad, although not one *fatal*, mistake. There has been done in the American Institute a wonderful amount of wire-pulling and no little intriguing, but, unless we are greatly mistaken, a goodly share of this wire-pulling and intriguing has been done by gentlemen who are now directing the course of the I. H. A. The conception of the I. H. A. dates back to the day when its leaders found themselves in too hopeless a minority in the American Institute to have their own way, and when no more honors were to be gained.

No matter what charges may be brought against the American Institute, no one can deny that it has ever been tolerant of the opinions of its individual members, and ready to recognize merit even though the individual was by no means in harmony with the overwhelming majority of its members. In proof of this assertion we need only to refer to the election of Dr. T. P. Wilson to the presidency of the American Institute at a time when his views and his teaching were squarely and fairly in opposition to the teaching of more than two-thirds of the membership of the national body.

Our colleague of the *Advance* is not happy in his references to Drs. Paine and Dudley, and in the manner in which he speaks of the COUNSELOR's remarks upon Dr. Breyfogle's presidential address. Had Dr. H. M. Paine or Dr. Pemberton Dudley taken advantage of the most exalted official position in the American Institute to speak of the members of the I. H. A. in the bitter and undignified manner in which the president of the latter body in his address referred to Dr. H. M. Paine and to those who share Dr. Paine's views; had those gentlemen, or either of them, in a presidential, or official, address openly advocated the union of the schools, and other similar measures, or the expulsion from the Institute of every member opposed to such views; and had the members of the Institute, after a thorough canvass, re-elected to the presidency of the American Institute the men who uttered such opinions, then, and then only, would the *Advance* be justified in making the comparison.

History will prove the correctness of the position taken by the MEDICAL COUNSELOR in regard to the question at issue. The COUNSELOR may err in attaching some importance to what, after all, is a very small side-attraction, and which, if let alone, may die an easy enough death. Our school, however, has reached a stage where it needs cool and deliberate leadership *and concert of action* to secure its continued prosperity, and division in our ranks is to be avoided *if at all possible*. For this reason alone, and for none other, we deem it necessary to do what lies in our power to point out the drift of the International Hahnemannian Association. But, leaving out of consideration this side of the question, and granting that the sole purpose of those who founded the I. H. A. was in full accord with the professed aims of the association, it is not out of place to enquire whether, or not, this long-named society has actually accom-

plished any thing worthy of mention during the, almost, three years of its existence, and whether, or not, there is a probability of its bringing about any remarkable reforms in Homœopathic medicine. Among the things actually done by the I. H. A., we recall nothingsave the cultivation of outspoken bigotry and arrogance on part of its leaders, bitterness toward all who dare call into question the wisdom of its founders and directors, the establishment of a monthly journal which, conducted, as it is, with editorial ability of no mean order, might do some good were its contributors kept in check, and, finally, that ridiculous resolution of last year—held out as a bait to those weak enough to swallow it—granting to the members of the I. H. A. the right to add to their other titles the title: M. I. H. A. Of any permanent good to the profession at large; of any evidence that the profession at large is *sought* to be benefited; of any attempt to secure legislation in behalf of our school; of any drug-proving; of any original work in any one direction, of all these not one trace can be found in the records of said association. All this kind of work is left to that arch-enemy of pure Homeopathy, to that aggregation of all that is hostile to the teaching of Hahnemann and of his followers; to that body of mongrels, eclectics and pretenders, the American Institute of Homœopathy.

It does not require the gift of prophecy to forecast the future of the I. H. A. Its small membership represents as many shades of belief as can be found in the American Institute. It is even now an open secret among those who are posted that some of the ablest and best men in the I. H. A. are utterly disgusted with the warm support which several of its members give to heresies in the way of fluxion-potencies, nosodes, and other non-Hahnemannian nonsense; and it will require much wire-pulling, much shrewdness, and considerable executive ability to keep-up even the semblance of harmony in so mixed a family.

So far as the MEDICAL COUNSELOR is concerned, it will ever be ready to expose blunders, wherever found. It cares little for individuals where the interests of the profession are at stake; it "offers no apologies" for what is wrong, but attacks wrong squarely and fairly, be the party concerned president of the American Institute of Homœopathy or of the International Hahnemannian Association. Fully realizing the many mistakes made by the national association, and abundantly willing to acknowledge all that may be said in behalf of the "international" body, the MEDICAL COUNSELOR does not, however, hesitate one moment to express the earnest conviction that it is the sacred duty of every true Homœopath, regardless of "wing" or "party," to condemn every attempt to bring about a division in our ranks or to increase the bitter feeling now existing between the extreme wings of our school; and no member of our school, be he a believer in the efficacy of the very highest attenuations made, or a materialist of the deepest dye, can now afford to withdraw his support from the American Institute of Homœopathy, much less to work against it or to belittle the value of its labors, without exposing himself to the suspicion of disloyalty to the school at large. And, judging from the doings of the International Hahnemannian Association, the time will soon come when those of the members of the I. H. A. who went into it with clean hands and heart will be forced to withdraw from an association the chief merit of which, so far, has consisted in talking much and doing nothing. Besides that, no man can serve two masters.

## A CASE OF POISONING BY RHUS TOXICODENDRON.

BY W. E. LEONARD, M. D., MINNEAPOLIS, MINN.

The prover is a young man, *aet.* twenty-two, of nervous-bilious temperament, good habits, and sound health.

In July, 1875, he was poisoned on the face and arms by contact, in the woods, with the growing plant *Rhus tox.* Again, three years before, and once or twice earlier, he was afflicted in the same way, the poison appearing to concentrate itself, these several times, on the face and wrists, the right knee, and feet, respectively.

The poisonings have always occurred in the months of June and July, when the plant is fresh and vigorous. A second exposure during the middle of August, 1875, among the mature plants, in a cultivated field, produced no effect. These poisonings have constituted his only note-worthy physical disturbances for the past six years, during which time his life has been that of a student in the city, enjoying but a few weeks each summer of ramblings in the woods and country air.

On the occasion of the last poisoning, he was encamped in the native woods, on the shores of a lake, engaged in clearing up the lake frontage, for a building spot. Forgetting his oft-proven susceptibility to the poison, on the second day he exposed himself to the *Rhus*, of which the surrounding woods were full.

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1877, June 21, Thursday.—Patient worked in the woods, bare-handed, all the morning, and also carelessly used leaves after stool. Bathed in lake, about 11:30 A. M. (Water applied to parts has always, in former attacks, aggravated all his symptoms.) In early evening, began to feel intense burning and itching about anus and genitals; also, burning in eyelids, on neck before and behind, and on inner side of wrists. On uncovering, found scrotum and penis somewhat swollen.

June 22, Friday.—Scrotum swollen to one and one-half its usual size, and inflamed; inner sides of thighs, half-way to knees, also swollen and inflamed; penis enlarged; two large, watery blisters on the prepuce.

Intense burning and itching, relieved by bathing parts in a

strong infusion of *red-cedar* leaves, found on shores of the lake. (Copperas water, infusion of *Verbena hastata*, etc., have been used heretofore with far less relief than was afforded by the cedar.)

Worked (with gloved hands) until 10 A. M., grubbing out the underbrush. It was very hot and close among the low shrubs, and the parts burned and itched the more he exerted himself.

After stopping work, took baths of cedar infusion, about every two hours, experiencing no increased discomfort from the burning and itching.

From 4 until 7 P. M., patient could not obtain access to the cedar infusion. During this interval felt weak and slightly feverish, and, towards the last of it, suffered most intense burning and itching around anus and the genitals, together with increasing inflammation of eyelids, neck, and wrists.

After a light supper, he retired to the tent for the night, obtaining but little sleep, and that only in "cat-naps," between the frequent applications of the cedar.

He would endure the pain as long as possible, and then apply the infusion, which, for a few minutes, increased the burning almost insufferably, after which it would gradually subside until the parts again became dry. The burning was as if *hundreds of hot needles* were being *thrust into* the *scrotum* and surrounding parts, *every hair being a needle*. Patient had some fever during the night, and, at times, a dull frontal headache, as if a board were strapped vertically across the forehead; was irritable, easily crossed and disturbed by outside matters, and bore the pain with great difficulty.

June 23, Saturday.—Attempted to eat some breakfast, but the *aggravation* on *moving* from tent to table (15 feet), and a sudden nausea in the midst of the meal, drove him back to the tent, where he lay all day, in somewhat the same condition as the night before, but with less fever and headache; no dinner, but a cup of strong coffee, taken in the vain hope of affording some sleep.

About 3:30 P. M., it began to rain. This seemed to aggravate all his symptoms, although the tent was perfectly dry. The fever and dull headache came on again, with vomiting of last night's supper.



About 8 P. M., four men carried the sick man in their arms, and in the rain (covered with a blanket), about 150 yards, to a boarding house, where he was placed in a comfortable bed. The change from the damp ground to the bed brought temporary relief, but still he slept little all night. During the night, took several doses of *Aconite* (low, from family stock of medicines), drank a good deal of water, and perspired some. Cedar infusion still afforded a temporary relief.

June 24, Sunday.—Swelling on face (eyelids, alæ of nose, chin, etc.) had so increased as to well-nigh preclude vision. Neck swollen in ridges, especially in front, and greatly inflamed. Poison appears between fingers of both hands, and slightly (comparatively) on feet. Swelling of genitals, limbs, and about anus somewhat reduced, and, with it, the burning and itching. Eats little or nothing; no appetite. Chills, from above downwards, over the whole body, and fever come on about 4 P. M. Urination frequent; urine copious, but little heightened in color.

About 5 P. M., a physician from the city, spending the day at the lake, sees the patient, prescribes *Bell.*<sup>12</sup>, every two hours. Pulse 85, full, bounding. Occasional internal pains, starting from roots to head of penis. Sleep broken, as in the two nights previous. By clinching his hands and violently rubbing his fingers together, the poison between the fingers is concentrated into large, watery blisters which become very painful, and, in the sequel, are longer in healing than the dry parts (not rubbed).

(From former experience, this violent rubbing affords a temporary relief, but always prolongs the action of the poison, no matter on what part of the body.)

June 25, Monday.—The patient receives from the city *Bell.*<sup>12</sup> for the chills and fever, and *Croton tig.*<sup>10</sup> as an antidote to the poison. These he takes as directed, and is relieved during the day. Erysipelatous appearances disappear somewhat; patient looks and feels better. Has no appetite, eats but little, and relishes nothing but bottled beer, which he drinks after every meal. Inflammation going down on all parts of his body. Oozing of a thick serum from affected parts, leaving the skin covered with dry scales, which finally peel off. *Sweet-oil* is substituted for the cedar infusion, around the anus and thighs, and finally on scrotum and penis—to which last the poison seems to cling the

longest. Before applying the oil, the scrotum is cleansed in *tepid water*, affording temporary relief from the itching (but aggravating in the end). Some four or five powders of *Bryonia*<sup>99</sup> are prescribed, early in the evening, to allay restlessness, etc. Aggravation of skin symptoms, about 3 A. M.

June 26, Tuesday.—Patient received an enema of warm water, his bowels having been inactive since Friday morning, but obtains no relief. The cloth covering the scrotum is covered with thick, yellow serum, on removal. Rests somewhat better during the night. Experiences another aggravation of skin symptoms about 3 A. M. Vertigo, lasting several minutes, upon sitting up, severe.

June 27, Wednesday.—Frequent enemas, without relief. Sweet-oil dressing continued, and affords slow relief. Swelling largely subsided on face, thighs, and about anus, and somewhat on scrotum. After putting scrotum and penis, freely dressed with oil, in a sling, patient starts across the lake (one and one-fourth miles) to take evening train for home. He experiences some stiffness of muscles (perhaps from disuse), considerable weakness, and a rheumatic soreness of the muscles about the poisoned parts. It was raining and cold, crossing the lake. Patient was quite comfortable on the train, in a doubled-up position—thus relieving tension on the spermatic cord—but nearly fainted with pain during the ride in the carriage, where he had to sit erect, from the depot to his home. Symptoms all aggravated by the journey (15 miles), the patient becoming irritable, peevish, and feverish. Upon removing the cloths from the scrotum, the epidermis was found to be torn and denuded. To this surface sweet-oil was freely applied. Instead of relieving, it caused intense burning pains, as of hot needles, and added to the general aggravation. Cream, applied to the surface, and *Bryonia*<sup>99</sup>, internally, finally relieved, and brought some sleep.

June 28, Thursday (end of first week).—Patient is greatly relieved by passage of the bowels during forenoon. The application of cream seems to lose its efficacy, therefore, Prepared Dry Earth is kept on the scrotum and surrounding raw parts. R. *Bryonia*<sup>99</sup> every two hours. Chills and fever come on again, with same characteristic dull headache, about 4 P. M.—probably on account of too much reading, which is prohibited. More sleep than usual.

June 29, Friday.—Slow improvement in all symptoms.

June 30, Saturday.—The eruption begins to dry up on thighs, anus, and on face and neck, and the epidermis peels off in scales. But the eruption blossoms out afresh on lobes of both ears, and quite painful blisters continue to form and break between fingers. Appetite returns with vigor, but he is still very weak, and keeps to his bed.

July 1, Sunday.—Patient received two doses of *Graphites*<sup>2</sup>, to relieve itching, but about midnight was driven from his bed by the intense aggravation of that symptom. Plentiful use of the Earth finally relieved him. Patient experiences mild rheumatic pains in the left knee-joint.

July 2, Monday.—Bowels quite regular, but still somewhat constipated. Urination much less frequent, but urine is now dark-colored and strong-smelling. Accidentally omitted *Bry.* all day.

July 3, Tuesday.—Renew *Bry.*, on account of fever, which returns in afternoon. Enjoys his first unbroken night's rest since the poisoning.

July 4, Wednesday.—Patient is now free from pain, except a periodical itching (without marked burning) of the scrotum. This itching is most violent, as in first days of the attack, but without the sensation of burning. Relieved by gently rubbing the part with a soft cloth, and *keeping quiet*. When patient attempts to walk, he feels pains running up his legs, from spots still sore from the poison. He can wear clothes for a time, but their irritation adds to the frequency and violence of the itching. Aggravation of itching, towards morning (3 A. M.), perhaps on account of thunder-shower now threatening.

July 5, Thursday (end of second week).—Storm breaks, and continues with great severity for an hour. Itching keeps pace with force of storm, and continues steadily until 11 A. M. *Bryonia*, continued, affords relief. *Rhus tox.* 3M is taken at 4 and 9 P. M., followed by some amelioration of itching. Urine normal.

July 6, Friday.—*B.* *Rhus tox.* 3M (five doses during the day).

Patient can wear his clothes *all day*, for the first time, and does not experience the usual itching of scrotum, at night, on retiring. There is, however, a general itching over the whole body,

relieved by vigorous application of stiff brush; perhaps only brought on from the fact that the patient is yet forbidden to bathe.

July 7, Saturday.—The extreme heat aggravates the general itching, and makes absolute rest and quiet necessary.

July 8, Sunday.—Characteristic dull headache and slight nausea, with flushes of heat about the small of the back; worse on motion. Took sponge bath in tepid water, about 11:30 A. M. Bath seems to relieve headache, but flushes continue, with numbness, in same spot. R. *Bry.*<sup>30</sup>, twice a day—10 A. M., 4 P. M.

July 9, Monday.—Pains and inflammation in spot on right heel, where poison seems to have concentrated; worse after dinner and all the afternoon. Rheumatic pains in left arm and right hand.

July 11, Wednesday.—Slight rheumatic pains in joints; stiffness in walking; flushes and numbness in small of back return on continued motion. *Bryonia* continued once or twice a day.

(End of third week.)

July 13, Friday.—Small boils appear on nates; after two days, they do not head, but disappear. Eyes seem weakened by the poisoning; do not bear use half as well as before. Patient is compelled to give them several days' complete rest. Patient is easily fatigued, and falls asleep at any time, on lying down. Aversion to cucumbers (fresh) and to blueberries, both of which the patient has always eaten heretofore.

July 26, (end of fifth week).—After prolonged sitting on hard seat of a row-boat, an induration, the size of a walnut, appears on nates, just where boils threatened before; disappears the second day. Patient is not usually troubled with boils, indurations, etc.

July 28, Saturday.—Patient is again exposed to poison in woods, and, even after the greatest of precaution, finds the characteristic eruption appearing on his wrists, scrotum, etc., with burning (slight) and itching. *Bryonia*, at first every two hours, and finally three times a day, wards off an attack, and dries up the poison in five days.

The patient still suffered from weakness and inability to do mental labor until the latter part of September, when a short sea-voyage, with constant sea-sickness, seemed to relieve all these symptoms.

## THE SUMACHS.

BY ARTHUR A. CAMP, M. D. MINNEAPOLIS, MINN.

The Sumach family is interesting to us chiefly on account of three of its members, namely: *Rhus toxicodendron*, *Rhus glabra*, and *Rhus venenata*.

The family belongs to the great Natural Order Anacardiaceæ, which is composed of forty-eight genera, including one hundred species. These, however, with the exception of the Sumachs, are chiefly natives of tropical regions. In the United States, the Nat: Ord: is represented by the genus *Rhus* only.

*Properties.*—These plants abound in a resinous juice which is poisonous, but is used as an indelible ink in marking linen, and as an ingredient in varnish. Even the exhalations from some of the species are deemed poisonous. (Wood's Class Book, ed. 1877, p. 283.)

Prof. Wood describes the *Rhus toxicodendron*, poison oak, or poison ivy, as a small, weak shrub, from one to three feet high. the young branches and the under side of the leaves being downy. With the character of the leaf, and its arrangement, we are familiar. It is poisonous, but less so than *r. venenata*.

*Rhus venenata*, the poison sumach or dog-wood, is a shrub or small tree, the bark of which is very smooth, growing in the United States and Canadian swamps to the height of ten or fifteen feet. The trunk is several inches in diameter, with spreading branches. Flowers very small and green, drupes as large as peas. The whole plant is very poisonous to the taste or touch, and even taints the air for some distance around it with its pernicious effluvium.

The same authority describes the *rhus radicans*, or climbing ivy, as a vigorous, woody climber, ascending trees and other objects from ten, to forty or even fifty feet, by means of innumerable radicating tendrils. Common in damp woods in United States and Canada.

Prof. Wood accepts the classification of Linnæus, in making the *rhus toxicodendron* and *rhus radicans* separate species of the same family.

Referring, however, to Stille and Maisch, we find the following:

“The *rhus toxicodendron*, or poison oak, is indigenous to

Canada, and the greater portion of the United States, westward to the Rocky Mountains. It attains the height of about three feet, and has an erect stem, *or, if growing in close proximity to trees or walls, it becomes a climber, supporting itself by adventitious roots, and ascends to the height of thirty or forty feet.*

"This climbing shrub, *rhus radicans* (Linnæus), is now regarded merely as a variety of the erect form, but is popularly distinguished as *poison ivy*. Both forms, when wounded, emit a milky juice which turns black on exposure. They have the same small, pale, greenish penta-numerous flowers in axillary paniculate racemes, and produce small, dry, drupaceous fruits, of a whitish color."

Prof. T. F. Allen recognizes this latter classification in preference to that of Linnæus, for under *Rhus toxicodendron*, in Vol. viii, p. 330, of his *Encyclopedia*, he says distinctly that what follows under *Rhus tox.* includes its variety *rhus radicans*.

Prof. A. C. Cowperthwaite, in his *Text Book of Materia Medica*, 2d ed., p. 467, also includes both varieties under the proving of *rhus toxicodendron*.

Stille and Maisch do not devote more than half a dozen lines to *rhus venenata*, notwithstanding that this variety is termed, by Prof. Wood, the most poisonous of the whole family.

The best general description of *rhus venenata* I have been able to find, is in *Hale's New Remedies*, where, on p. 673, he quotes Dr. P. B. Hoyt, of Danbury, Conn., as follows:

"I have no doubt that it affects those on whom the *rhus tox.* has but little influence; at least, this is the case with myself, for I handle with impunity the *rhus tox.*, while, with the greatest degree of caution, I was violently affected with the *rhus ven.* Again, in using the *rhus tox.* in a case of angina, in which *rhus* was almost the only remedy indicated, I had very little response from it, while from the *rhus venenata* I obtained a most perfect victory over the complaint."

Dr. F. G. Oehme, of Plymouth, Mass., proved this drug, in 1858-9, both by taking the drug internally, and by contact. He has made use of the drug in cases of erysipelas, urticaria, prurigo, erythema, morbilli, scabies, impetigo nodosum, eczema solare, and furunculi, with satisfactory results. (See his *Clinical Observations*.)

**Rhus Glabra.**

## MIND.

Weakness of memory.  
Distaste for society.

**Rhus Toxicodendron.**

## MIND.

Anxious, ill humored, and melancholic.  
*Worse in the house, relieved by walking in the open air.* Depression of spirits, with pain above the superciliary ridge.  
Inexpressible anxiety, with pressure at heart, and tearing pain at small of the back.  
*Very restless mood, and great apprehension at night. Can not remain in bed.*  
Memory very dull. He can with difficulty recall names and things, even the most familiar.

**Rhus Venenata.**

## MIND.

*Great sadness; no desire to live; everything seems gloomy.* Apprehensive, restless, or sometimes cheerful; then, hypochondriacal. Inability at times to connect one's ideas. Can not control the mind on any particular subject.

## HEAD.

Dull, heavy headache in the morning, dispelled by exercise. Pain in the front and on top of the head, for a short time, after taking each dose. The pain is most constant in the vertex.

## HEAD.

Confusion and vertigo. Vertigo so pronounced he could not see men walking in front of him. Swelling of head, neck, and chest, as far down as umbilicus. Head so heavy he was obliged to hold it upright, in order to relieve the weight and pressing forward into forehead. On shaking the head, it seemed as if the brain were loose, and hit against the skull. Sudden, violent headache on opening the eyes after sleep, also when first rising. Pressive headache in the forehead, constantly increasing and suddenly ceasing. Headache in occipital

## HEAD.

Whirling vertigo. Dizziness, worse in the evening. Intolerable heaviness of head. Pulsations in vessels of head and feet. Forehead so excessively swollen that it hangs down.  
Dull frontal headache. Pains from the temples to the occiput. Pains in the bones of cranium. Pains extending from occiput to nape of neck and shoulders, with flashes of heat. From proving the drug, the patient lost not only his hair, but his nails. Herpetic eruption on forehead, resembling herpes phlyctenoides.

put, which disappears when bending head backwards. Headache in single shocks or jerks in the afternoon.

*External Head:*—Scalp painful to touch as a boil. Biting itching on scalp, forehead, face, and about the mouth, with eruption of pimples like nettle-rash.

EYES.

Redness of sclerotica in the morning, with burning and pressure in them. Itching of eyes on exerting vision. Occasionally, sharp pains run from the eyes to the head. Biting, as from something sharp and acid in the right eye. In the morning, eyes agglutinated by matter; very sore around the right eye.

*Eyelids*, swollen closed. Twitchings and contractions of lids. Heaviness in lids, like paralysis. Eyelids seem sore in the cold air. Violent pricking, itching, and swelling, in eyelids. Profuse discharge of tears in cold wind. Lachrymation in the evening, with burning pain. Eyeballs sore—can hardly turn them. Itching in eyeballs. Great obscurity of vision. Objects seem double, or only one-half. Objects seemed only one-half the proper distance, and not of the right color.

EYES.

No proved symptoms recorded.

EYES.

Burning and lachrymation of eyes. Livid circles under eyes. Constant, dull, aching pain in the balls. Dimness of sight, objects becoming black.



RHUS GLABRA.	RHUS TOXICODENDRON.	RHUS VENENATA.
<p><b>EARS.</b></p> <p>No proved symptoms recorded.</p>	<p><b>EARS.</b></p> <p>Lobule of left ear swollen. Painful throbbing within the ear at night. Noises in the ears, roaring and detonations. Painful tearing behind left ear.</p>	<p><b>EARS.</b></p> <p>Tearing in bone behind right ear. Troublesome deafness. Noises and ringing in right ear. (Note, R. ven: right side, R. tox: left side.)</p>
<p><b>NOSE.</b></p> <p>Hæmorrhage from left nostril and mouth. Left nostril hot and dry, with frequent bleeding from it for four days.</p>	<p><b>NOSE.</b></p> <p>Tip of nose red, and painful to touch, as if it would suppurate. Frequent violent spasmodic sneezing. Frequent nosebleed, produced always by stooping. Much watery mucus from nose, or nose obstructed, as in dry catarrh. Sharp pain in nose, extending to cheek bones.</p>	<p><b>NOSE.</b></p> <p>Nose red and shining. Redness not removed by pressure. Profuse secretion of mucus from right nostril, slightly excoorinating. Left nostril dry. Nose feels sore. Entire loss of smell. (Note how the remedy still has the preference for the right side.)</p>
<p><b>FACE.</b></p> <p>No proved symptoms recorded.</p>	<p><b>FACE.</b></p> <p>Great swelling of face, especially of eyelids and ears, with intolerable burning, itching, and smarting; or, the face was sunken and drawn. Sticky expression, with sunken face, and blue rings under eyes. Sudden needle-like stitches, in right side of face, especially in the evening. Cramp-like pain in articulation of lower jaw, during both rest and motion of the parts, and relieved by the application of heat. Pressive, digging pain in glands beneath angle</p>	<p><b>FACE.</b></p> <p>Face is so much swollen he could not open his eyes for several days; accompanied by high fever. Hot water relieves the itching, and causes desquamation of face. Left side more swollen than right. Drawing pains in right upper and lower jaws.</p>

<p>of lower jaw, even when at rest. Cracking in glenoid articulation.</p>	<p><b>MOUTH.</b></p> <p>Looseness of lower incisors—can not bite upon them. Toothache, relieved sometimes by hot, again by cold, applications. Gums sore; blisters on tongue. Tongue coated white at the root. Yellowish-white or brown mucus on tongue, except at edges; or, red apex of tongue; or, no coating at all, but very dry, with much thirst. Accumulation of saliva in the mouth, which is sometimes salty, with qualmsiness. Taste fatty, though food tastes natural. Coppery taste, with scraping low down in the throat. Disgusting bitter taste, with dryness of the mouth. Coughing causes bloody taste, though no blood is raised.</p>	<p><b>MOUTH.</b></p> <p>Toothache in right upper jaw. Eruption on gum of upper incisors. Tongue: edges red, middle and posterior parts coated white; or, red tip and cracked in the middle; or, covered with little white vesicles on the tip. Pain in root of tongue and fauces. Tongue and mouth feel as if burnt, and itch much. Entire loss of taste.</p>
<p><b>MOUTH.</b></p> <p>Tongue furred white. Several small white ulci form on buccal mucous membrane, opposite the bicuspid, which are quite sensitive. Taste flat and alkaline.</p>	<p><b>THROAT.</b></p> <p>Expelled two clots of blood from throat soon after waking.</p>	<p><b>THROAT.</b></p> <p>Soreness of throat on left side, with swelling. Tonsils very red and congested, with dull, aching distress. Dryness, burning, and irritation of fauces. Pharynx and</p>

RHUS GLABRA.

## STOMACH.

Pain in stomach, aggravated by food or drink.

## ABDOMEN.

Sharp, cutting pains in umbilical region.

RHUS TOXICODENDRON.

ly enlarged. Violent stitches in throat. Burning in throat, chest, and region of esophagus. Pricking in throat like needles. She is unable to drink, because the fluid chokes her, as if the pharynx were paralyzed.

## STOMACH.

Complete loss of appetite. Thirst and dryness of throat. Thirst for cold milk or water. Eructations which seem to become incarcerated, and remain in the right side of the chest. Eructations always tasting of the food. Eructations burning, with bloating of the bowels, always on lying; relieved by rising. *Nausea and vomiting.* Nausea after eating or drinking.

*Stomach:* Pressure in pit of stomach wakes the prover from sleep. Burning, pressive pain in stomach, from swallowing moderately cold water. Violent throbbing in epigastric region.

## ABDOMEN.

Sharp, cutting pains, or sore pains in hypochondrium and umbilical region. Excessive distension of the abdomen immediate

RHUS VENENATA.

fauces became so irritable that it was painful and difficult to swallow. Food, in passing, seemed to stop midway to the stomach.

## STOMACH.

Appetite better than usual during the proving. One prover reported that the drug relieved him of a chronic dyspepsia, which had long troubled him. Some nausea and eructations, but not so marked as in *rhus tox.*:

## ABDOMEN.

Pains in umbilical and hypogastric region, constant but dull, with rumbling in the bowels, followed by a soft, diarrhetic

diately after eating, disappearing by flatus and eructations; or, it seemed to become incarcerated in the ascending colon, causing colic, rumbling, and gurgling in abdomen. Pains in abdomen, relieved by a passage from the bowels, and from bending double. Dull aching in ileo-coecal region. Swollen inguinal glands, painful only on motion.

STOOL.

Occasional diarrhoea in the afternoon, increasing in constancy and severity towards evening. At first hard and lumpy, then soft.

STOOL.

Frequent and sudden, dark brown, offensive evacuations; at first thick, afterward watery, mixed with flatus; with violent, gripping pains; or, sudden, thin, yellow stools, scarcely at all offensive, and without previous colic. The first few drops always passed involuntarily, as from paralysis of the sphincter. Stool bloody. Stool gelatinous; or there may be constipation, with much rumbling in the abdomen, and continual desire for stool.

STOOL.

Diarrhoea from 2 to 5 o'clock a. m., continuing until about noon. Nearly white, or thin and papaceous. Large, watery stool passed with great force and violent colicky pains, about 4 o'clock a. m. (The diarrhoea is all early in the morning, and, as a rule, is light colored.)

RECTUM AND ANUS.

No proved symptoms recorded.

RECTUM AND ANUS.

Painful, sore, protruding blind piles, after a soft stool. Crawling in rectum, as from thread worms. Itching deep in rectum. Itching in rectum as from haemorrhoids.

RECTUM AND ANUS.

Itching piles. During the proving, four small tumors appeared, which remained out for several weeks, with extreme itching and burning. Neuralgic pains in rectum. Most intolerable itching and burning in rectum and anus, for days.

<p><b>RHUS GLABRA.</b>  <u>URINARY ORGANS.</u>            Scanty, high-colored urine.</p>	<p><b>RHUS TOXICODENDRON.</b>  <u>URINARY ORGANS.</u>  <i>Kidneys and Bladder:</i> Pain in region of left kidney. <i>Urethra:</i> Violent biting in fore part of urethra—worse during rest than while walking. Burning in root of urethra. Must rise at night to urinate. Urine limpid, with white sediment. Urine whitish, constantly becoming more turbid the longer he urinates; the last drops are most turbid, like flakes; or, urine high-colored, scanty, and irritating. The dark urine becomes turbid.</p>	<p><b>RHUS VENENATA.</b>  <u>URINARY ORGANS.</u>            Burning in urethra, with augmentation of urine.</p>
<p><b>RHUS GLABRA.</b>  <u>SEXUAL ORGANS.</u>            No proved symptoms recorded.</p>	<p><u>SEXUAL ORGANS.</u>  <i>Male</i>—Pain in glans penis, on account of swollen prepuce, producing paraphimosis. Sticking itching on inner surface of prepuce. Scrotum constantly becoming thicker and harder, with intolerable itching, extending, especially, towards perineum.  <i>Female</i>—Mons veneris swollen to twice its normal size. Pains in lower abdomen as from approaching menses. Sore pain in vagina. Menses cause biting of the vagina. The proving brought on delay of menses for eleven weeks.</p>	<p><u>SEXUAL ORGANS.</u>  <i>Male:</i>—Glans much swollen, and very sore. Scrotum red, swollen and much corrugated—as large as two fists.  <i>Female:</i>—Menses in large clots, like pieces of meat.</p>

## STUDIES IN REFRACTION AND ACCOMMODATION.

BY PROF. C. H. VILAS, M. D., CHICAGO, ILL.

No one branch of the ophthalmological limb of the human tree seems so abstruse to a casual glance, but is, withal, so pleasant and satisfactory in its results when properly worked out, as that of refraction and accommodation in its various anomalous conditions. The relief experienced is so gentle, yet positive, and the results so marked, as to elicit a hearty response of gratitude from all who need such aid.

But, as is known, the subject is too comprehensive to be embraced in aught but the limits of a volume; therefore, no attempt will be made in so brief an article to do more than to show, by illustrative cases, what may be accomplished in the way of mechanical and remedial relief.

CASE 1.—M. W., a gentleman of strong frame and excellent health, aged fifty years, complains that he can not see to drive well on the street; is always liable to mistake the distance, and run into other vehicles with his own, and over objects he intends to miss. Neither can he see to read well, having to hold his paper away to see well with either eye, but farther for the right than for the left.

Tested with Snellen's test types, we find:

Left eye, Vision equals 20-200; with concave 1-20, V.—20-30.

Right eye, Vision equals 20-40—|—; not improved by glasses.

Stenopatic apparatus (pin-hole) improves the left eye; does not the right. With the ophthalmoscope we find the temporal side of both optic nerves slightly inflamed, as shown by the discs.

Questioning for symptoms, it is found that he experiences "a peculiar headache, as if there were a heavy weight on top, pressing all the time." It is relieved by pressure.

*Cactus grandiflorus* is ordered, to be taken for three weeks.

Again reporting, it is found that in his

Left eye, Vision equals 20-100—;

Right eye, Vision equals 20-20—;

a very marked gain under the remedy. He also reports the pain all gone, hence it is deemed time to fit glasses.

First, testing his accommodation:

A., right eye, with convex 1-30,—13 in. (p. 15 in., r. 28 in.)

A., left eye, with no glass,—11 in. (p. 15 in., r. 25 in.)

Here, then, there is presbyopia supervening on one doubtless originally normal eye (the right), and one originally (or acquired) myopic eye (the left). Note that the deficient near vision is much less in the left eye, the myopia compensating, in a measure, for the changes produced by the causes of presbyopia. For this reason, Donders, in his standard work, gives the preference to a myopic over a hypermetropic eye; indeed, going a step further and preferring a myopic to an emmetropic eye; for the possessor of the former, if equally fortunate in his companion eye, can dispense with glasses in old age. This advantage is compensated for, however, by deprivations in early life sequent to imperfect, or range-narrowed vision, and the liability to structural changes in case the myopia should become progressive.

Therefore, the presbyopia will be compensated for, and near vision restored, by

Right eye, spherical convex 24.

Left eye, spherical convex 60.

These glasses will afford perfect relief, and enable reading to be continued indefinitely with ease, bringing the near point to between twelve and thirteen inches.

For far vision the prescription is

Right eye, plain glass,

Left eye, spherical concave 20,

which may be worn with ease, and will afford relief from all unpleasant symptoms.

There being some amblyopia (*ex anopsia?*) in the right eye. Physostigma venenosa is ordered. Taken six weeks and producing no benefit, it is discontinued.

NOTE.—This patient was not seen for about two years, though repeatedly heard from by cordial indorsement to his neighbors. At that time he came in to see if his lenses required changing, assuring me that “the relief was simply wonderful and magical.”

CASE 2.—Maria S., aged about eight years, became cross-eyed six years ago. No cause could be assigned, but *thought* to have come from teething.

Being the daughter of wealthy parents, and having an almost unlimited purse on which to draw, she had been, after careful enquiry, placed in the care of, and treated by, a prominent “old-school” oculist for two years past. After this length of treatment, which could only be ascertained to have consisted of the collection of a round quarterly bill, the aid of the “new-school” was invoked.

The ophthalmoscope at once revealed hypermetropic refraction; the test types and lenses confirmed the revelation of the ophthalmoscope. Convex 1-36 glasses corrected the whole trouble.

But the parents were unwilling to believe that such a simple procedure could relieve, and insisted on re-visiting the old oculist to see whether he was not aware of such relief. The result is only known: the girl was brought back to me. Five years have elapsed, and beyond changing the lenses to convex 1-20, no change has been necessary to keep the eyes entirely straight.

A visit to my office the past week by the patient recalled the case, and led to its mention here.

CASE 3.—Mary J., aged about eight years, “has been doctored for sore eyes ever since about two years succeeding her birth;” at least so say her parents.

She is indeed in a pitiable state.

Both eyes are covered by a bandage; she has a blister behind each ear, and but recently has been relieved of a seaton in her neck! Truly, as her father says, it is not his fault if she has not had enough treatment.

Relieved of her bandage, which is totally unnecessary, so far as can be seen, her lids are found to be in an inflamed state, with scaly crusts. Ciliary blepharitis, with blepharadenitis, is present.

The ophthalmoscope warns of erroneous refraction—evidently hypermetropia. Convex spherical 1-42 corrects this; a little medical treatment for the lid troubles, and the “serofulous ophthalmia” vanishes.

NOTE.—Nearly seven years have elapsed since she first came. A visit from her parent the past month affords the opportunity to



learn that she is still free from all symptoms of "scrofulous sore eyes."

Is not the time gone by, if it ever was, when such mistakes can be conscientiously excused?

## HYPERTROPHY OF THE TURBINATED BONES.

BY J. D. STONEROAD, M. D., MEADVILLE, PA.

In the general nomenclature of diseases, we have a great many terms used in designating pathological states that are more or less arbitrary, and do not, in their make-up, classically represent the disease in question.

They have been coined away back in the lap of time, when pathology and morbid anatomy were in their infancy, and have been handed down from generation to generation, to the present day.

Hypertrophy of the turbinated bones is one of them. The term is deceptive; in fact, it denotes a state or condition contrary to the pathology of the disease in question—contrary to what pathology and morbid anatomy has proven to be the true aspect of the parts implicated in the disease styled, in medical parlance, hypertrophy of the turbinated bones. The turbinated bones are not, in any way, enlarged once in a hundred cases that present themselves. We do not say they are never enlarged, for they are as liable to become diseased as any other of the osseous structure of the body.

But, to follow custom, and since there is no other term in use to designate the disease under consideration, we adopt it, under protest.

The true pathological condition, or, more properly speaking, the pathology of the disease in question, is simply a hypertrophic condition of the mucous and sub-mucous tissues covering the turbinated bones. There is, of late, some difference in the theories of specialists concerning the anatomical structure of the tissue surrounding the turbinated bones, the latest of which is, that it is a reticular substance, and is capable of being suddenly augmented and as suddenly collapsed; and, from what we know of the sudden closing and opening of the nasal track in acute coryza, we are inclined to acquiesce in the theory.

From personal experience, we know our own nostril will be, as it were, hermetically sealed, for five, ten, or fifteen minutes; then, in less than one minute, will be perfectly free. The old theory of endosmosis and exosmosis, will not sustain itself in such rapid changes. However, we must admit that atmospheric changes from dry to moist, and vice versa, have a marked influence on the pathological condition called hypertrophy of the turbinated bones. It is not our province to discuss the various theories, but to give a concise and an intelligible description of the disease, as it has presented itself to us in every-day practice.

When a patient presents himself, complaining of a difficulty in breathing, with more or less nasal intonation, we suspect one of these things: nasal polypus, hypertrophy of the turbinated bones, or excessive adenoid vegetations in the naso-pharyngeal space. The subjective symptoms of all of them are nearly the same; and the soft palate, when infiltrated from chronic inflammation, also presents difficulty of breathing and nasal intonation. The objective symptoms are different, and are not so difficult to differentiate. On examination with the nasal speculum, the first pathological condition we meet with is an unusually red, thickened, and, sometimes, vascular mucous membrane of the whole anterior nasal cavity. On farther examination, we find, on the *alæ* side of both nasal *forsæ*, a red elevation; and in some cases it may be called a mass, encroaching more or less upon the septum *nasium*; and, as it extends posteriorly, it becomes more prominent until, in many cases, it almost occludes the whole nasal passage.

The only disease it is likely to be confounded with is polypus; and when the hypertrophy engages more particularly the posterior portion, or distal ends of the turbinated bones, it is no easy matter to differentiate, even by an experienced observer; but with a sufficient anatomical knowledge, and a skillful use of the speculum and probe, we will be able to make a correct diagnosis.

To the touch the polypi are soft and doughy, and the probe can be insinuated between the tumor and the *alæ nasi*; this last manipulation cannot be executed in hypertrophy, as it is evident that no space intervenes between the tumor and *ala*. Polypi usually, though not always, are unilateral; hypertrophy is always bilateral. Polypi may so entirely close the nasal space as not to admit a particle of air; hypertrophy, on the contrary, never oc-

cludes the passages to such a degree as not to admit more or less air, though it may be with difficulty. When the hypertrophy occupies the distal borders of the turbinated bones, the greatest care must be taken to differentiate between it and polypi, also adenoid vegetations of the naso-pharyngeal space. Here we must bring to our aid posterior rhinoscopy, and a dextrous use of the nasal probe anteriorly. The three diseases of the nasal and naso-pharyngeal space, just cited, resembling somewhat each other both in their objective and subjective symptoms, are so different in their origin, location, and pathology, that to make a mistake in differential diagnosis, and treat accordingly, would be disastrous to the physician's reputation, if not to the pocket of his patient.

The treatment of hypertrophy of the turbinated bones, like all other nasal and naso-pharyngeal diseases, is difficult. Time and patience, both on the part of the physician and the patient, are potential in the case. In our own experience, we have found general, or constitutional, treatment to be of little curative power, and, of late, have relied entirely on local and surgical treatment. To classify the remedies that have been most successfully used by us in treating the disease under consideration: They are astringents, caustico-astringents, and escharotics. These constitute our armamentarium in a semi-surgical way, and when these fail, we resort to surgical means proper. We use, occasionally, medicated solutions, and have experimented with nearly all of the solutions which have, at various times, been recommended, and have laid aside the great majority of them. We have occasionally used anthoxanthum tincture, 20 to 30 gtt. to the ounce of water, and found it beneficial in recent cases. In cases of long standing, painting the hypertrophy with tinc. iodine is beneficial. These are the only two liquids that have been used by us to any extent. The best effects from the iodine are in its use every third day, and from the anthoxanthum odoratum twice or thrice a day, in the form of spray. To-day our principal reliance, outside of regular surgical treatment, is zinci sulphal. in the form of a suppository, containing each from one-half to one grain of the salt. The suppository itself is to be regulated in size according to the isthmus nasi. Sometimes the passage is almost closed; in that case the suppository has to be very small,

but must contain the requisite quantity of the salt. The suppository must be pushed home and lodged in the narrowest point in the nasal passage, and if made of cocoa-butter, will dissolve in about five minutes, leaving the remedy in a concentrated form just where we want it, and it remains there a considerable time. Some specialists use metallic bougies to mechanically dilate the passage, in order that they may use sprays or powders more successfully; but we have never had any occasion to resort to this plan; a cone-pointed suppository always answered our purpose. The suppository, as above formulated, should be inserted not oftener than twice a week. If we fail in the above treatment, or have not time to wait on it, we resort to lunar caustic.

J. Renders, of New York, makes a very neat and convenient instrument expressly for the purpose, with which we can introduce the caustic to any desired depth into the nasal fossa, to the exact spot we want to operate on, and by a little arrangement the caustic can be exposed and applied for a few moments, then closed and withdrawn. Thus no part of the fossa is touched by the caustic except where it is wanted. The operation can be repeated as the judgment of the operator dictates. There is one objection to treatment by caustics when the aperture is small: the cauterised surface comes together again and cauterises, more or less, the septum nasi, and, in the hands of some operators, has formed adhesions between the turbinated bones and the septum. But when there is sufficient space there is no danger, and the plan works well.

The London paste, made after the London Throat Hosp. Phar., is well suited for reducing hypertrophy. It is used by London hospitals for reducing hypertrophic tonsils. It is a powerful escharotic, destroying the tissue immediately under the application, to a considerable depth, but not extending circumferentially beyond the applied surface. Five seconds is sufficient time for each application, and it is not to be repeated until the effect of a prior application has sloughed off. The mode of application is to moisten the powder with alcohol to the consistency of a tough paste, and apply it with a spoon-shaped instrument made of wood.

Fuming nitric acid is another escharotic introduced into the nasal fossa by means of an instrument made expressly for the purpose. The canula and wire cerascur, and galvanic electrodes,

are also means used by some operators. With these we have no experience, having accomplished our ends by some of the foregoing methods.

### THE OPIUM HABIT—CLINICAL.

BY F. A. BENHAM, M. D., ELKHART, IND.

CASE 1.—Miss G. E., aged 32, had used Morphine regularly for six years; was so completely under the baneful influence of the drug that her mother said, “She is good for nothing about the house, or as company for me; for she is, all the time, as cross as a bear or as stupid as a mule.” She took her ration twice a day, and with constantly increasing appetite for more.

I began the treatment of this case in June, 1878, with the understanding that she should entirely discontinue the use of Opium in any form—that she should not take a *particle of it under any circumstances whatever*.

I then put 20 drops of the mother tincture of Ipecac. into two ounces of cold water, and ordered a teaspoonful of said solution to be taken every hour. After two days’ time, under this treatment, a severe attack of dysentery came on, which was met successfully by the indicated remedy—the patient getting the Ipecac. every *two hours* while this attack lasted.

She was, of course, very restless, nervous, and sleepless, and, at times, quite wild. But still she was held firmly to the course marked out, and in five days the crisis was passed. In eight to ten days *all desire* for Morphine was gone, and she began to improve in strength and flesh; and in three weeks’ time she found herself completely cured of the Opium habit.

CASE 2.—Mrs. D., aged 63. This woman was in a very feeble state of health. She had had some uterine difficulty at the climacteric, twenty years before the date of my treatment, and during that time had acquired the Opium habit. At the time she applied to me for treatment, she was using daily as much Morphine as twenty-years victims of the habit usually do. All things considered, I expected much trouble with this case; but she went through with the trial admirably.

I pursued the same course as in Case No. 1, beginning the treatment in April, 1879.

I had no trouble in this case, except the debility, nervousness, sleeplessness, and craving for Morphine—and these features were bad enough. The first five days were terrible; but then the crisis was passed, and in ten days' time she loathed the idea of taking Morphine. In three weeks' time she entered upon a new life, and is still hale and hearty, and in her present appearance bears no resemblance to her former self, when a victim of the abominable Opium habit.

The Opium habit *can be broken up*, and all desire for the drug completely destroyed, in three weeks' time.

### HOW MILK IS MADE.

That the animal organism is capable, under certain conditions, of converting various good elements into milk is one of the most familiar facts of nature. How the milk-producing glands perform their work, remains, to a great extent, a puzzle. The later investigations and theories in this connection are clearly set forth by Dr. G. C. Caldwell, in a recent issue of the *Weekly Tribune*, in answer to the question, "How is milk made?" He says:

"The essential milk-producing part of the udder is made up of a series of ducts, or tubes, branching out from reservoirs at the heads of the teats, joining one another at little sub-reservoirs, and separating and uniting again, till finally they end within minute organs called vesicles, or follicles. Both Dr. Sturtevant, of the New York Experiment Station, and Mr. Arnold, have traced these ducts to their sources. These follicles are the fountain heads whence the milk is collected by the ducts, and carried through one reservoir after another to the teat.

"The three essential ingredients of the milk, beside the water, are the fat, in the form of minute globules suspended in the liquid; the caseine, partly in solution in the water of the milk, and partly in solid grains suspended in the liquid; and the sugar, only in solution. Nearly all authorities agree that the formation of the milk is attended with a rapid production of new cells, very rich in fat, in the follicles; and the most generally adopted view is, that these cells drop off and fall to pieces, by what is called fatty degeneration, and that their investing membranes, or

cell-walls, become dissolved; thus, especially, the fat of the milk is produced; and some think that all the constituents of the milk are really nothing but cell-ruins, taken up by the water that must come directly from the blood, even if nothing else does, and conveyed away through the ducts and reservoirs to the teats.

“But Dr. Sturtevant maintains that the fat globules of the milk are really the cells themselves that are so rapidly multiplied in the follicles—that each globule began as a bud on a parent cell in the follicle, grew, and then dropped off, and was taken up and washed along by the water containing the caseine and the milk sugar in solution, which has been transuded from the tissues; with him Mr. Arnold agrees. This theory requires that each milk globule shall consist of a membranous sac inclosing fat, but the existence of such a membrane, or envelope, around the fat globule, is almost universally disbelieved by microscopists; for nearly all who have given the subject their careful attention failed to find satisfactory evidence thereof; it will be, therefore, a battle of a few against a multitude to establish the fact of such a structure of the milk-fat globule; but, in a battle fought with such weapons, the victory is not always with the party that is strongest in numbers.

“Fleischmann, than whom there is no better authority on matters pertaining to milk, is not entirely satisfied with the theory that the milk is made up of cell-ruins alone. He shows that if this were so, in the case of a good milch cow, the dry weight of cell substance broken down every day would not be less than 5.5 pounds, or more than twice the weight of the dry substance of the milk glands of a well developed udder. While allowing that there is much strength in the position of those who argue for milk production by cell destruction, he claims that there must be some secretion, or straining through, as it were, of a part of the substance of the milk, directly from the blood which circulates freely and abundantly through the glands.

“But even with this partial acceptance of both explanations, we are not yet altogether enlightend as to the manner in which the milk is produced. Unquestionably, however, an important and a peculiar work is done in these glands; there is produced that mixture of the three essential ingredients of food, the albuminoids, the fat, and the carbohydrates, which makes milk the

type of a perfect food; and there originate those substances peculiar to butter fat, the butyrine and its associates, which are not found any where else in the animal body; they distinguish this fat in a marked manner from any other fat, whether animal or vegetable, and enable the chemist to tell, with unerring directness, whether a sample called butter is butter or some thing else.—*Scientific American*.

### HYPNOTISM IN SURGERY.

Some days since, an intelligent, strong, robust colored man, aged 28, applied to Dr. F. H. Koehler, surgeon to the Louisville Homœopathic Dispensary, for the removal of a flat tumor, occupying about three by four and one-half inches, on the left side of the face and neck. The time set for the operation was Wednesday, 8th; an attempt to etherize the patient proved to be a failure, and the operation was postponed until Thursday, the 9th, at 10 a. m. The patient, on entering the Dispensary, was asked how he felt, and said that he had been sick all night, and wanted to know if some other means could not be used to remove the tumor without pain. Dr. A. G. Smith, one of the staff of the Dispensary, who had, on the previous occasion, administered the Ether, on hearing this, said that he thought he could mesmerize him, and, on testing the patient, found that he could control him both physically and mentally; so he was told to get on the operating table, and was soon fast asleep. Dr. Koehler, to test the matter, thrust a pin through the hand, and found that he was all right, and commenced operating immediately. The operation lasted about seventeen minutes, but, by the time all vessels were properly secured and the wound dressed, he had been under the influence about one and one-half hours, and experienced no pain whatever, except when very hot water was applied as styptic to bleeding vessels, when he winced a little. He was conscious all the time, telling what had been said during the operation. When through, he was told to get up, which he did immediately, without experiencing any trouble or particular pain, and he is now up and about as usual. Drs. H. W. Koehler, Beoskington, and Charles Dake assisted.—*Louisville (Ky.) Sunday News*.



## SEWER-GAS AND DISEASE.

The special poisons to which I now refer are the gases resulting from defective plumbing, to which all classes—the poor occupants of tenement houses, those who are able to command the necessaries and many of the luxuries of life, and those who live in the most expensive houses, and whose riches can buy everything but health—are alike exposed. None but physicians can know how general this poison is, and how positively it explains much of the disease they are called upon to treat, and of the many sad deaths which follow.

When I assert that it is a daily experience with me to see persons whose general health is suffering from this poison, as manifested by *malaise*, loss of appetite and strength, slight febrile symptoms, diarrhœa, physical and mental depression; and that I have seen infants, children and adults suffering from diphtheria, scarlet fever of a mild type, complicated with this disease and destroying life; those in vigorous health, students in colleges, ambitious and active young men in the professions or in the commercial or financial world, stricken down by typhoid fever, some struggling through the disease and others dying; and that the cause has been demonstrated to be this poison—I only state facts which are common in the experience of all physicians in this city. In some cases this has been the result of ignorance of the very unsanitary conditions which environed them. For example, two young men were stricken down with typhoid fever, one of whom died. They were not acquaintances, but occupied offices in the same building, in the vicinity of Wall street. On investigation, it was found that there was not a trap in the whole building. In a house in which, but a few months before, several hundred dollars had been expended to put the building in perfect condition, a young man died of typhoid fever, and others of the family became ill, when it was found that a defective waste pipe was saturating the house with poisonous gas. But such facts as these are so common and well known to the profession that I need not dwell upon them.—DR. FRANK H. HAMILTON, on "*Sewer-Gas*," in *Popular Science Monthly*.

## OBITUARY.

Died, Thursday, Sept. 14, 1882, Alonzo M. Blair, M. D., the nestor and, in his prime, the leading Homœopathic practitioner of medicine in Ohio. He was born the son of Luther Blair, a farmer of Becket township, Berkshire county, Massachusetts, March 13, 1806. He received his academic education in the district schools of his native place, and at Lenox academy, where he spent a year or two in faithful study. Determining to study medicine, he began to read in the office of Dr. John Cornell, in Schoharie, New York, and afterwards attended medical lectures at the Berkshire Medical Institute, a department of Williams College, kept in Pittsfield, Massachusetts. Completing his preliminary studies, at the age of twenty-two he opened an office in Schoharie, but shortly after, in 1837, removed to Ohio and settled at Newark, Licking county, where he again began the practice of his profession. At the expiration of seven years he removed to Columbus, where he continued in practice until July, 1861, when he transferred his residence to Cleveland. He had, for a year or two previous, been delivering lectures, from the chair of materia medica, in the Homœopathic Medical College, in that city, and, upon his removal there, assumed the position, in the same institution, as Professor of the Principles and Practice of Medicine.

About five years afterward, he was elected to the presidency of the college, and retained this important post for several years, when he resigned, to devote himself solely to his lucrative and increasing practice. He was, for a time, president of the State Homœopathic Medical Society, and has been a prominent member of several other professional bodies. He was also physician to the Orphan Asylum, in Cleveland, and, while in Columbus, rendered similar services to the Home for the Friendless; and was also, there, a member of the city council, for one term. He served the government and the disabled soldiers in Cleveland, for some years, as pension surgeon. He was the first physician in central Ohio to take a decided and permanent stand as an Homœopathist, and is known, throughout that region and northern Ohio, as the father of Homœopathy in the Buckeye state. In 1870, Dr. Blair removed back to Columbus, and spent two years there, when, feeling the weight of years and of bodily infirmities, he retired to the quiet of a farm, purchased by him, near Westerville, and ultimately moved to the village, in the year 1876, where he resided with a son, greatly esteemed by the community. He was a Swedenborgian in religious faith, an old Liberty man in politics, and a Republican from the beginning of Republicanism and always manifested a hearty and active interest in the temperance reform.

## MEDICAL MEMORANDA.

*For Sale.*—A perpetual scholarship in the Hahnemann Medical College. Address the editor of this journal.

Dr. Wm. E. Leonard, of Minneapolis, Minn., has changed his residence to No. 213 South Eleventh-st.; his office remains at 425 Second Ave., South.

*Death of Devaine.*—The well-known pathologist, C. J. Devaine, died in Paris, on October 23d, in the seventy-first year of his age. Devaine is remembered by his work on "Human Entozoa," and especially by his experiments with anthrax-germs. (Medical Record.)

*Gangrene or a Boil.*—It is known that the Hon. Thomas A. Hendricks has been reputedly suffering from senile gangrene. His life was despaired of, but he is said now to be recovering. The following not very probable story is going the rounds of the press: "On the very day, the tale runs, to which the medical prophets in attendance had limited his life, a blunt old granger—also a doctor, after a fashion—called to pay him a farewell visit. After a pathetic interview, the country practitioner thought he would take a look at the 'gangrene' which was about to terminate his illustrious friend's life. He did so; stared at it, open-mouthed for a moment, and then, with a derisive grunt, and an indignant, thumping oath, roared out, 'Nothing but a boil!' Sure enough, Mr. Hendricks was soon rushing along the high road to recovery, and the able physicians who were attending him are keeping moderately quiet." (Med. Record.)

Dr. S. A. Hageman has removed from Augusta, Ky., to 425 McMillan-st., Walnut Hills, Cincinnati, O.—Dr. W. A. Ely has left San Francisco, Cal., and has located at St. Helena, Napa Co., Cal.—Dr. W. G. Clark has removed from Windsor, Vt., to 124 W. 126th-st., New York. Dr. C. P. Holden succeeds to the old practice of Dr. Clark.—Dr. Alfred C. Pope, editor of the *Homœopathic Review*, has changed his old address to 13 Church W., Tunbridge Wells, England.—Dr. A. I. Monroe, late of Danville, Ky., has located at Birmingham, Ala.

Prof. Wm. C. Richardson has returned from a vacation trip in the Mountains of Colorado, much rested and improved in health. He writes: "I am busy on a revised edition of my work on Obstetrics and will be thankful to any of your readers for Obstetrical hints of any kind. I want to make this new edition a credit to the school; it will be much enlarged, elegantly printed and bound, and up to the times on all points; in fine, a practical and complete work on Obstetrics—(a companion volume to Ludlam on Diseases of Women, and Duncan on Diseases of Children.)

Send any hints or suggestions to,

WM. C. RICHARDSON, M. D.,  
721 Chestnut St., St. Louis, Mo.

### A CARD.

THE MEDICAL COUNSELOR PUBLISHING COMPANY, appreciating the value of the services of contributors to this journal, and desiring to show this appreciation in some tangible manner, take pleasure in announcing that they will ship, on January 1, 1883, one copy, bound in cloth, of Allen's "Symptom Register of Pure Materia Medica" (price \$12.00), to the physician who shall furnish, by December 15, 1882, the most valuable contribution on materia medica. The award will be made by a committee of disinterested gentlemen, whose names will be given in due time.

# THE MEDICAL COUNSELOR

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. Arndt, No. 82 Monroe Street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## THE EXCESSIVE USE OF STIMULANTS IN DIPH- THERIA.

BY EUGENE F. STORKE, M. D., MILWAUKEE, WIS.

Considering the voluminous literature on this subject now extant, there is no good reason for the presentation of more, unless it advances *new ideas*. In this paper I hope to make ample apology for its existence, by making it emphatic.

The only point which I desire to emphasize in this somewhat wandering paper is this: the excessive use of alcoholic stimulants in the treatment of diphtheria is to be recommended. The idea is by no means a new one. Thousands of physicians have used it with varying success. Few have, I think, carried it to the point necessary to accomplish good results. It can not be *used* in all cases. It can not *cure* all cases. It may, in some instances, pave the way for a fatal nephritis. It, like all other remedies, has its disadvantages. Nevertheless, it comes nearer, in my opinion, to a successful treatment of diphtheria, than any other now in vogue.

The cases I shall give are taken from my record. They have occurred from time to time, and have then been recorded. In a general way, they seem to have responded promptly to the stimulant treatment. In many cases the inflammatory symptoms were high, *very* high. The temperature in one instance reached 105°. In these cases the stimulants were kindly borne, and the result was a lowering of temperature soon after their exhibition. I have been so well pleased with the result that I shall avail myself of the use of this remedy in the future. I shall

use it freely, and boldly, in all cases when it is possible to do so, and will make a careful record of results, for future use.

CASE 1.—Lillie H., aged 3 years; on November 20, after a few hours of malaise, was attacked with fever, vomiting and sore throat. I saw her in the evening, and found the tonsils lined with an exudation, a fetid odor arising from the throat and nose; temperature  $103^{\circ}$ , pulse 120; she was very restless. Commenced the alcohol treatment at once, using a spray of water and alcohol, equal parts of each. Brandy was given internally, all the child could possibly be induced to take. It was used in the form of sling, punch, egg-nogg, etc. Aconite and belladonna were administered in rapid alternation. The symptoms were better on the subsequent day, and so continued. The detachment of the membrane commenced on the fourth, and was completed on the seventh day. Convalescence soon followed, and the child is now quite hearty.

CASE 2.—Baby G., aged 8 months, had a slight fever; was very restless; nose was very stuffy, but discharging freely a simple, non-irritating secretion; eyes watery; nurses but little, has a trouble about swallowing. The throat was somewhat reddened, the tonsils were slightly enlarged, and there was a slight accumulation of ropy mucus about the fauces. No evidence of eruption on the body, nor in the throat. No exudation visible anywhere. On the next day, the condition was much the same, with a slight increase of the symptoms. Continued the remedies, Bell. and Kali bichr. On the morning of the third day, the tonsils, uvula, and the adjacent tissues were covered with a dense, pearly-white membrane. For spray I used a 25 per cent. solution of alcohol. Gave her as much brandy as she could be induced to swallow, which, unfortunately, was a very limited quantity. Gave Sanguinaria nit., and Phytolacca, every hour. The case rapidly grew worse, and died the following day, from a cardiac failure. The remarkable features about this case are: the age of the child when attacked, the rapidity with which the membrane appeared, and the marked depression of the vital powers, dating back to the development of the exudation.

CASE 3.—Nellie A., aged 8 years, had been ill all day with fever, malaise, vomiting, sore throat, and coryza. I saw her in the evening. Temperature in the axilla was  $104^{\circ}$ , pulse 140. She

had nausea, slight diarrhoea, delirium, and great restlessness. Her breath was very fetid; the cervical glands were swollen, and the tonsils covered with a grayish exudation. I used a 50 per cent. alcohol spray, and the same solution for a gargle. Administered brandy to the utmost extent, as in the other cases. Bell. and Aconite were frequently repeated. The temperature fell to  $103^{\circ}$  on the succeeding day. The pulse lowered to 125. The nausea disappeared and the diarrhoea was checked. Exudation appeared on the uvula, and was more dense on the tonsils. Same treatment continued. The third day brought no perceptible extension of the membrane. Temperature was  $100^{\circ}$  and the pulse 80, the child taking nourishment finely. Treatment was continued, and on the fourth day temperature and pulse were natural. The exudation commenced to slough. The same treatment was adhered to until the eighth day, when no expression of the disease was apparent, with the exception of a marked prostration for which Ars. quin. was given. A complete recovery soon followed.

CASE 4.—E. W. G., aged 28 years, had intense headache, nausea, chills, a temperature of  $103\frac{1}{2}^{\circ}$ , and a pulse of 135. An exudation presented itself on both tonsils. Used alcohol, 50 per cent. solution, in spray and gargle. Administered brandy, as much as could possibly be taken—nearly a pint daily. His food consisted of milk and broths. Aconite and Bell. were given alternately. On the second day the symptoms were better. The exudation had extended to the uvula. The same treatment was continued. On the fifth day sloughing commenced, and was completed on the tenth. No change in the treatment was necessary.

CASE 5.—Miss M. R., aged 18 years, had a temperature of  $105^{\circ}$ , pulse 160, nausea, marked prostration, a condition of semi-stupor, very fetid breath, tonsils very much swollen, a dark-red appearance of the throat; thick, grayish exudation on both tonsils and uvula, and enlarged cervical glands. I used the same treatment as in the other cases, very often absolutely forcing her to use the brandy, of which she had about a pint daily. The sloughing commenced on the *third*, and was completed on the *sixth* day. Used Quin. ars., to overcome the marked prostration. The recovery was speedy and complete.

CASE 6.—Jessie H., aged 12 years.\* Had intense fever, vom-

iting, prostration, and stupor. The cervical and submaxillary glands were swollen. Temperature  $103^{\circ}$ , pulse 150. At the close of the first day, the tonsils were lined with the exudation. The breath was very fetid. Used the same treatment. On the following day the temperature was reduced to  $101^{\circ}$  and the pulse accordingly. Sloughing commenced on the third, and was nearly completed on the fifth day, when the fever became intense, and the throat extremely swollen. This was followed by a scarlatinal eruption of a well-marked character. This ran a typical course, with a protracted convalescence. The eruption did not appear until the fifth day. The symptoms were *unquestionably* those peculiar to diphtheria, and this was supplemented by, and complicated with, a genuine scarlatinal attack. I think these two definite disease-processes *can*, and sometimes *do*, occur in this order of sequence.

CASE 7.—Frank B., aged 16 years. Had intense fever, great prostration, stupor, and the usual symptoms. The exudation, at the close of the first day, covered both tonsils. Used the same treatment. On the second day the general symptoms were somewhat improved, except a slight extension of the membrane to the uvula, and downward toward the larynx. Treatment continued. On the third day there was no extension of the exudation. The membrane commenced to be detached; on the fourth day, sloughing went on rapidly, and was nearly completed on the sixth. Aphonia, with a croupy cough, occurred during the seventh day, accompanied by reappearance of the deposit on the tonsils. Gave Bell. and Kali bichr., with the same general treatment as before. The aphonia was more marked on the eighth day, and an increase of the exudation in the throat was apparent. Same treatment. The next day the membrane commenced to loosen, and the symptoms were all better, and so continued through the succeeding days until the eighteenth, when I discharged him as convalescent. A slight aphonia still remains, after a lapse of one month.

CASE 8.—A lady, aged 24 years, had an exudation covering the tonsils. The constitutional symptoms were very marked. She received the most marked benefit from Bell., Quinine, and whisky, with alcohol locally and in spray. Sloughing was completed on the sixth day.

CASE 9.—Guy C. aged 9. On the second day of his illness.

had a well-marked case of what I diagnosticated malignant diphtheria. The toxæmic symptoms were prominent, stupor, vomiting, diarrhoea, irregular slow pulse; the membrane was thick and grayish, extending from the nostrils to the throat, over the tonsils, uvula, and roof of the mouth. His breath had the most fearful odor of any with which I have ever come in contact, The sub-maxillary and cervical glands were swollen. The general out-look of the case was far from promising good results. Arsenicum 3d and Quinine were given every hour, alternately. Bourbon whisky to the amount of twelve ounces daily in egg-nogg, and in such other ways by the stomach as could be devised, besides all that could be retained per rectum. Spray of Kali permang., and the alcohol gargle. Sloughing commenced on the fifth, and the improvement was slow, but sure, until the fourteenth day, when nephritis occurred. The suppression of urine was complete. The toxæmia was intensified, and the patient died on the seventeenth day, from uræmic poisoning. I have never, in any case, before this, seen the symptoms so severe as they were here followed by any termination save that of death, and this before the seventeenth day. In this attack the patient successfully struggled against horrible odds, with every prospect of an ultimate recovery, until the fatal complication arose. This was due, in my opinion, not to the excessive stimulation, but to a morbid process in the kidney, dependent on the general disease.

I believe that this disease is one, like all diseases depressing the nerve centers, which will bear an extraordinary amount of Alcohol in its various forms. The patients, as a rule, take and bear it well. Early in the course of the disease, under its action the patient will have a reduction of the abnormally high temperature. Very soon after its administration, the sense of prostration will be more tolerable, the toxæmia less perceptible, the membrane will become less dense and tenacious, and, I firmly believe, less disposed to spread over adjacent tissues. The tendency to paresis and cardiac failure will be much diminished, and the danger of a subsequent paralysis, or other troublesome sequelæ, correspondingly lessened. We can hardly err in the administration of stimulants to diphtheritic patients. Give all your conscience will permit, then shut your eyes and give as much



more. One great trouble is that we have been too timid in the use of stimulants in the treatment of this disease.

The extreme benefit to be gained by this therapeutic procedure has been, to me, demonstrated to such a marked degree that I have no hesitation whatever in crowding it to the utmost extent.\*

## THE SUBCUTANEOUS INJECTION OF HOMŒOPATHIC MEDICINES.

BY DR. KAFKA, OF PRAGUE.

The method of injecting medicinal substances under the skin has been a great favorite both at established hospitals and in general practice. In obstinate neuralgia, in spasms of the most varied forms, in painful affections depending on constitutional or infectious diseases, as, *e. g.*, in cancer, erosions, indurations, etc., subcutaneous injections of Morphine, Opium, Atropine, Quinine, etc., have been already employed with success. Being animated with the idea that, perhaps, anodyne and curative effects might be produced by homœopathic medicines, also in minimal doses, I made last year, in a desperate case, my first experiment of a hypodermic injection with a homœopathic medicine, which had such an astonishing effect that I feel obliged to give it publicity, and, at the same time, to commend the method most earnestly to homœopathic physicians for further experiment. That lady, a short account of whose cure with Atropine I published in Vol. I. of my *Hom. Therapie*, p. 501, found herself since the year 1858—*i. e.*, ever since her restoration by the above medicine—in a very comfortable state. She had in the interim three favorable con-

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\*The above paper is published with pleasure, owing to the very great interest of the subject with which it deals. We neither endorse its teaching, nor close our eyes to the lessons which may be derived from clinical experience recorded by reliable persons such as we know our correspondent to be. Fully satisfied, however, that constitutional treatment alone (*i. e.* the indicated homœopathic remedy) offers to the patient sick with diphtheria the best chances of recovery, we invite the profession at large to give our readers the benefit of their experience in the treatment of this disease, stipulating only that such papers as may be offered be written with absolute candor, and deal with *facts* rather than, as is too often the case, with theories.—EDITOR.

finements. If now and then an attack of spasms sets in after some mismanagement or error in diet, it was generally removed very quickly. In the spring of 1865 all her four children were ill of whooping-cough, which induced her to spend the summer with them in the country. It was partly her excessive exertions with the sick children, partly the constant fear of ill results from the whooping-cough, which one of them had very badly, and partly the frequent night-watching with the patients, that caused the recurrence of the cardialgic attack, which appeared with the peculiarities described in the work referred to, continued, with more or less violence, the whole summer, through the autumn, till winter, and could be relieved by none of the best-known and approved homœopathic remedies.

The utter failure of homœopathic treatment, as well as the fact that the fits of pain became more and more intense, and often raged for four or five days without intermission, led to several consultations with our clinical professors, under whose guidance various narcotics and "nervina" were employed. Thus, the patient took Morphine in increasing doses. She began with 1-20 of a grain every two hours, and the dose was increased every second day. It was hoped that, by increasing the dose gradually, the nerve would be blunted; and this went on till the patient took three grains of Morphine every twenty-four hours. The effect was nil; not only were the pains not relieved, but not even once did any narcotism take place. *Zincum valerianicum* was exhibited in increasing doses without the slightest effect. One professor gave chemical solvents of biliary calculi, and proposed to employ Durand's remedy (*Ol. Terebinth* and *Æth. Sulph. aa.*) This, however, did not agree with the patient, but aggravated the pains to a violent degree. After many other remedies had been used without effect, and the patient in despair was attempting suicide, I proposed employing Chloroform as an anæsthetic, and by this the pains were actually alleviated for some time. The patient, delighted with a palliative medicine, had recourse to it without attending to our advice or warning, on every renewal of the pain; and so it came to pass that throughout a long period she kept using four ounces of Chloroform in the twenty-four hours without any perceptible injury from its abuse. When at last even this remedy lost its quieting effect, I decided, in con-

junction with the professors, to employ subcutaneous injections. These were undertaken by Dr. Ott, junior prescribing physician at the hospital, first with Atropine, then Morphine, then Quinine. After twenty injections, there was no good result; for a few hours, certainly, narcotism and partial alleviation of the pains did occur, but the spasmodic attacks afterward became more and more intense and protracted. The patient was already in the highest degree anæmic and emaciated; her face sunken. her strength quite gone.

March 10, 1866, I again met Dr. Ott for the purpose of a subcutaneous injection. The pitiable sufferer lay crouching, moaning, and groaning in bed. On my questioning her, she complained of burning and pressure in the stomach and spine, dryness of the mouth, insatiable thirst, and paroxysms of fainting. Pulse small and quick, urine considerably diminished. With such pregnant symptoms I proposed injecting the third solution of Arsen., which was executed by Dr. Ott with the utmost readiness, and with manifest interest on his part. *The result was literally like magic; even in one hour the above mentioned symptoms were all gone, the pain perfectly removed!* In order to guard thoroughly against a return of the pains, though there were no fresh indications present, another injection with Arsen. was performed next day. *The fits of pain stayed away from that day forth entirely, and have never since returned.* Soon after normal appetite set in, strengthening diet was ordered, which soon produced the thorough restoration of the patient.

March 23 of this year (1866) I was called in to R——, a merchant, who, according to the account given, had lain in a state of convulsions since yesterday evening. On the morning of the 22d he returned from a journey, having been for some time previous in an excited state, saying and doing many things without rhyme or reason, had been laughed at for this by those about him, whereupon he became very angry and still more excited. That same evening he devoured his supper in a hurry, and was immediately seized with oppression of the chest and difficulty of swallowing. In the greatest agony he ran up and down the room, trying first with water, then with sugar, then with bread, to overcome the spasm in his throat, which, however, increased

every instant in violence to such a degree that he was nearly suffocated. An allopath was called in, who found him already in an unconscious state, seized with clonic and tonic convulsions. He ordered ice to be applied to the head, prescribed a mixture with Laurocerasus, and also employed some epispastics. The convulsions, however, did not give way. About 3 A. M., the mixed convulsions turned into tetanus, combined with trismus. March 23, 7 A. M., the tetanus still continued, and, all medical treatment being impossible, the allopath proposed removing him to the general hospital. His relations not agreeing to this, it was resolved to seek my advice. It was out of my power to visit him until 10. He is about forty, thin, and of weak constitution, lying in a comatose state, with his jaws closed firmly, and his whole body stretched out quite stiff. I could not bend arm, foot, a single finger, or toe. The nape, too, was quite rigid, and the whole frame like an immovable log; the head hot, the sunken cheek with a circumscribed red patch, the respiration snoring. On each attempt to bend any part of the body the snoring increased; the eyes fixed, with pupils contracted, and no trace of sensation, he neither feels the pricking of a pin, nor moves his face when pinched or burnt with a hot needle. Pulse full and slow, fifty-two by stop-watch; the pulsation of the heart is slow, too; the integuments of the abdomen are drawn-in and tense; no urine passed all night.

I pronounced the case to be *tetanus in consequence of meningitis*, with a very dubious prognosis; and as no medicine could be administered either *per os* or *per anum*, I proposed a subcutaneous injection with homœopathic medicine. This I performed myself before noon, selecting *Cicuta virosa* 2, especially because the tetanus was developed from meningitis with convulsions preceding. Five drops, with five drops of tepid water, formed the injection. *The result was brilliant!* Even in one hour the nurses observed the striking remission of the rigidity and coma. By two o'clock the patient was restored to consciousness, and asked for a urine glass and something to drink. At three he recognized those around him, and at four I found him sitting up in bed and promptly replying to all my questions. Still, speaking cost some effort, and his power of memory was still somewhat disturbed. He complained of the nurses being so rough, as they

had made red marks on his arms by grasping them. This was actually the case; they told me they had to hold him down, because he wanted to jump out of the window in the night, and smashed a pane for that purpose. His head was cool; his cheeks no longer red; pulse sixty. I had no need to administer any medicine, as I did not like to disturb the action of the Cicuta; so I ordered them to supply him constantly with drink or a little weak broth, and leave off the cold applications to the head, as being no longer needful. The night of March 23 passed without sleep, yet the patient kept pretty quiet; and this hopeful condition also continued throughout the 24th. That night he slept two or three hours before midnight; after that, his head grew hot again, he began to talk much and confusedly, and to quarrel incessantly with the nurses, who, as he fancied, wanted to poison him. I found him in this state with extraordinary talkativeness, March 25 A M., and therefore employed Belladonna 3 in solution, a dose every hour, with cold applications to the head. That day passed rather more quietly. In the night of March 25, the brain symptoms became more violent; he tried to get out of bed, struggled against the nurses with all his might, and even struck one in the face with his fist. I gave Stram. 3. He not only did not grow quiet, but also, under an impression that he would be poisoned, refused medicine, and behaved very savagely, not only towards me, but the nurses and his relations. Under these circumstances I could no longer, for want of time, continue the treatment, so I handed him over to the mad doctor here (Dr. F——,) whose prognosis as to cure was very doubtful.

The rapid action of Cicuta in this case is highly interesting as regards the tetanus, which, notwithstanding the increased violence of the meningitic symptoms, did not recur. The action of the subcutaneous injection was so exquisite, that I venture to call the attention of homœopathic practitioners to the merits of the method, and shall at the same time endeavor to publish every case, successful or unsuccessful, through the medium of homœopathic periodicals.—*Brit. Jour. of Hom., from Allg. Hom. Zeitung.*

## IS THERE A LAW DETERMINING THE POTENCY ?

A CONTRIBUTION TO THE STUDY OF THE MATERIA MEDICA.

BY B. F. UNDERWOOD, M. D., BROOKLYN, N. Y.

The occasional failure of the plainly-indicated remedy to effect a cure, has unquestionably, at one time or another, vexed the mind of every Homœopathic physician, and caused a doubt as to the universal applicability of the Homœopathic law of cure to arise. Involving so much that is contradictory and imperfectly understood, the student of Homœopathy finds the path of knowledge beset with difficulty. Confronted on the one hand, in his study of the *Materia Medica*, with the seeming paradox of the less being more than the greater, and the dilution of an apparently inert substance developing in it a force of surprising potency; and on the other with a dual force, inherent in matter, which enables the one drug, given in one and the same dose, to cure the most opposite and antagonistic conditions, he encounters in addition an array of the most diverse symptoms set down at apparent random—mingled in admirable confusion. If from the *Materia Medica* he turns to the contemplation of its practical application to the cure of disease he finds “confusion worse confounded,” and war waging among the adherents of Homœopathy over the question as to what amount of any drug shall constitute a dose; the advocate of the high potency pushing his attenuations into the misty realms of the hundred-thousandths and invoking the aid of a dynamic spirit, and the defender of the low sinking to the crude drug with material dose, and basing his faith on the working of a physiological force. Encompassed with such difficulties, and requiring an amount of energy superior to the endowment of most men, the thorough study of the Homœopathic *Materia Medica* has become almost a lost art, and many of our practitioners, lost in its uncertain wilds, are content with but a partial gleaning of its rich fields, and supplement their meagre knowledge by a resort to the drugs and appliances of the allopathic school, feeling that here at least they stand on solid ground. The attempted welding of the various heterogeneous symptoms, primary, secondary, direct, reflex, pathogenetic and clinical, into a homogeneous mass probably presents the greatest obstacle to the mastery of the *Materia Medica*; for if our remedies possess a dual power to act, it is evident that the result of their action upon the human organ

ism will be primary or secondary as one or the other element preponderates, and upon the selection of the potency in which the prevailing force is of the one form or the other, the remedial action of the drug depends. One of the chief problems of Homœopathy to-day may be stated thus: What in a given case of disease are the indications for the potency? And to decide this, the various symptoms, direct, reflex, pathogenetic and clinical, must be separated and classified; a work possible only at the cost of infinite labor and patience. As this distinction is as well defined as the law of cure upon which the Homœopathic system of medicine is based, the question of the dose, may be, partially at least, removed from the arena of discussion and becomes the subject of a distinctive law. The following cases, duplicates of which might "the line stretch out to the crack of doom," are quoted only as illustrative of the effect of the potency upon the cure of diseased conditions.

CASE 1.—Mrs. E. F. aged 22 years. Sanguine nervous temperament. Had feeling of prostration, with palpitation of the heart coming on after breakfast, during the first warm days of the spring. Under Bromine<sup>1</sup> the ailment was relieved to recur the following spring. Bromine had now no effect, nor had Bryonia or various other remedies. As Bromine seemed the indicated remedy, a change was made to a higher potency with immediate relief of the disease.

CASE 2.—B. F. aged 24 years. Nervous-bilious temperament. After drinking a sherry cobbler (which probably contained some deleterious substance) in the afternoon, was taken about 3 A. M. with a suffocative attack, which was promptly relieved by Kali Carb., high attenuation. This relief was temporary only however, and the attacks continued at uncertain intervals, sometimes occurring every night, sometimes not for several nights. As a matter of experiment some nights no medicine was taken, when the attack passed off in from two to three hours. On others, Kali Carb.<sup>2</sup> was taken, when the attack continued as when no medicine was taken. When the higher attenuations were taken, the attack was over in from fifteen to twenty minutes.

CASE 3.—E. W., was taken with severe inflammation of the tonsils and pharynx, with indications for mercurius. Mercurius in the higher attenuation was given, but the pain and inflammation

continuing to grow worse, a change was made to the third potency, with almost immediate relief and rapid cure of the case.

CASE 4.—L. W., aged 5 years, while away from home, was seized with a convulsion. Her father, a layman of considerable knowledge, gave her Bell. and Cham., and had her taken home as soon as the attack was over. No more convulsions occurred, but an irritation of the brain remaining, I saw her in the morning and gave Bell. and Gels. The symptoms, as then and afterwards shown, were crossness, irritability with slight heat about the head, and sleeplessness. During the day the child would be cross and peevish, wanting to be held or carried. As evening came on she would grow worse, worrying and crying until about 4 A. M., when she would sleep for an hour or two and then awake to repeat the action of the previous day. Various remedies were tried, including Helleb., Hyos., Stram., Cham., Bell. and Gels., from the mother tincture up. This condition continuing for a week without change, a consultation was had, and Bell. and Gels., in one-half minim doses of the fluid extract, in water, decided upon. In about three hours from commencing these remedies, the child dropped into a quiet sleep, sleeping all night, and awoke in the morning well, and so remained.

In the following resume of Antimony Tartar, the indication for the potency is based upon such differentiation, and is presented in the hope of removing one of the blemishes that mar, like spots upon the sun, the completeness of our *Materia Medica*. The sign + indicates the higher, the ° the lower, attenuations.

#### ANTIMONY TARTAR.

The Tartrate of Antimony is effective in the lower potencies for the treatment of pneumonia, bronchitis, dyspnoea, cough, paralysis of the lungs, pleurisy, tonsillitis, puerperal peritonitis, mastitis, acute catarrh of children, typhus, and typhoid fever with delirium, delirium tremens, mania, chorea, and convulsions.

In the higher dilutions it is adapted to nausea, vomiting, diarrhoea, gastrodynia, prostration, coldness, attacks of fainting, rheumatic pains, eruptions, and small-pox.

*Moral*.—Despair, hopelessness, weeping, uneasiness<sup>+</sup>.

*Head*.—Stupefaction, pressing headache, delirium tremens from beer, °; hydrocephalus from spontaneous suppression of



variola, °; tinea capitis, from, or with, gastric derangement, †.

*Eyes.*—Obscuration of sight, with flickering before the eyes, †.

*Nose.*—Acute nasal catarrh of children, difficult expectoration, °.

*Face.*—Pale, sunken face, † twitching in the face, † dry, sunken lips, †.

*Stomach.*—Desire for acids or fruits, empty belching, or with taste of rotten eggs, †; constant nausea, †; straining to vomit, with sweat on forehead, †; nausea, vomiting, and diarrhœa, †; vomiting of mucus, †; pain, and fullness in the stomach, †; throbbing in the stomach and abdomen, †; nervous irritation of the stomach, pinching pains, gastrodynia, †; whitish, rice-water vomit, with similar diarrhœa, †; pressing, as from stones in the abdomen, cutting, flatulent colic, worse on bending double, †.

*Stool.*—Watery stool, preceeded by colic, †; slimy, papescient, mucous stools, †: painful urging, with scanty, often bloody, urine, †.

*Chest.*—Dyspnoea, compelling him to sit up, relieved by expectoration, °; catarrh and bronchitis of measles, °; bronchitic asthma of old people and children, °; suffocating attacks, °; much mucus in the chest, °; suffocative cough, loose, lumpy expectoration, °; bronchitis of fever of infants and old persons, °; capillary bronchitis, lumpy expectoration, °; impending paralysis of the lungs, °; the chest seems full of mucus when coughing, but very little is raised, °; bronchorrhœa, mucous, lumpy expectoration, muscular debility, °; aphonia, from cold; bronchial rales, °; moist cough, with profuse, easy expectoration and vomiting, †; catarrhal croup, loose cough, difficult expectoration, °; spasmodic dysphagia, †; cough, with suffocative attacks, °; rattling of mucus in the chest, bronchial catarrh, difficult expectoration, °; rattling, hollow cough, with vomiting, †; mucus cough with expectoration at night, °; whooping cough, child cries before coughing, °; catarrhal inflammations of mucous membranes, lungs, skin, etc., °; chronic laryngitis, expectoration copious and easy, °; mastitis, °; pleuritis, profuse expectoration, cough, rattling mucus, much febrile action, °; palpitation of the heart without anxiety.

*Extremities.*—Twitching in the arms, tremblings of the hands, coldness of the finger tips, tension in the bend of the knee, †.

*Skin.*—Ecthyma, †; eczema, red areola around vesicles, which are chiefly about the the nose, eyes, ears, neck, and shoulders, †; rattling cough and nausea, †; pustules size of peas, filled with pus, with red areola, forming a scab and leaving a scar, †; variola, † pustules which seem filled with shot, †; Impetigo, lingering form, †; mentagra.

*Sleep.*—Great drowsiness, yawning, lethargy and stupor, †; jerking and twitching during sleep.

*Fever.*—Pulse full, hard, quick or trembling, †; least exertion quickens pulse, †; coldness predominates, †; long, lasting chills, cold, clammy sweats, †; intermittent fever with lethargy, †; soporous intermittent, with long continued sweat, †; typhoid pneumonia, dyspnoea with danger of suffocation, loose mucus cough, wakefulness and delirium, °; yellow fever, with nausea, vomiting, sense of sinking in the stomach, profuse perspiration, drowsiness and prostration, † cholera, with vomiting and diarrhoea; cramps and burning at the stomach, cramps at the calves, collapse of the pulse, prostration and coldness of the skin, †;

*Generalities.*—Attacks of fainting, †; internal trembling, † convulsions, convulsive twitching, °; rheumatic pain, with sweat, which does not relieve, †; affected parts perspire most. Inflammation of internal organs, °; gastric and bilious complaints, † paralysis of the lungs, °; child must be carried, cries if touched. Aphthæ, with vomiting of milk after nursing, †; catarrhal croup, with aphonia, hoarseness, dyspnoea, coldness of the body, bluish face, cold, clammy perspiration, impending paralysis of the lungs, °; whooping cough, choking and vomiting of phlegm. croupy symptoms, diarrhoea and great exhaustion, †.

In general, the indication would be for the third potency, as capable of producing either the direct or reflex action of the remedy; and when the effect desired is not secured, to go higher or lower, according to the indications given.

The criticism may be made against the existence of a law of potency as here indicated, that the symptoms set down as direct are often cured by the high potencies, and the indirect by the lower. This is unquestionably true, but an explanation of this may be found in the presence of sufficient of the drug-force, even in the higher attenuations of a powerful remedy, when specifically indicated, to affect a susceptible organization, and in the

occurrence of the reactive, or reflex action, which follows the administration of the crude drug. The effect of small, but frequently-repeated doses, in producing the physiological action of a medicine, is recognized by many writers of the Allopathic school, notably Ringer, Bartholow, Piffard, and others; and many of their modern preparations are made in accordance with this view. Thus Dr. Rix, in writing of the effect of small, but frequently-repeated doses, says: "I can obtain, with a grain or less of Calomel, with a grain or less of Aloin, and with a grain or less of Podophyllin, divided, respectively, into the tenth, twentieth, or fortieth of a grain, all that I desire in most cases, and in a more satisfactory manner than in the usual form. I usually give two parvules of Calomel (1-10 of a grain each) every hour, until six or seven doses are taken, and the result is the same as with ten grains, without the embarrassing effect. I give four or five parvules of Aloin (1-20 of a grain each); the effect is the same as four or five cathartic pills; also, with Podophyllin (1-40 of a grain), they will relieve habitual constipation and derangement of the liver and digestive organs, if given one, two, or three times a day."

This is not Homœopathy, it is true; but it is, nevertheless, confirmatory of the power of small but repeated doses of a drug to produce its physiological effect, and of which it is the privilege of the Homœopathic physician to avail himself. If one-tenth of a grain of Calomel, or one grain of the first decimal potency; one-twentieth of a grain of Aloin, or one grain of the first decimal, and one-fortieth of a grain of Podophyllin, or one grain of the first decimal attenuation, when thus given on general principles, is capable of developing the drug effect, why should not the specifically indicated remedy develop the same action, even when given in higher potency?

### THE PESTERED MAN OF EARTH.

As if the actual suffering of mankind from the various diseases common to the lot of all, was not sufficient, the *Hahnemannian Monthly*, of Philadelphia, enumerates the following possible causes for many mysterious complaints which baffle the skill of the most experienced physicians to cure, and enough in number to frighten a well person into a nervous fever. Commencing at

the mouth, the virulence of human saliva seems to have been proved. It is supposed to be due to micrococci. The human mouth is a culture chamber, which is maintained at a constant temperature, and is furnished with a constant supply of pabulum, namely, saliva. These circumstances are highly favorable to the sustenance and multiplication of the micrococcus. If, now, it is asked why every man does not suffer from auto-inoculation, it may be answered that micrococci may kill an herbivorous animal, a rabbit for instance; but cannot destroy a carnivorous or omnivorous animal, as man. (See Philadelphia *Medical Times*, September 9, 1882.) Most earnestly do we urge vegetarians to take timely warning! But what is to become of the genus *homo*, anyhow? Vibriones tickle his nose into hay fever, the *Bacillus typhosus* gnaws at his bowels, the micrococcus diphtheriæ swells up his throat or clogs his larynx with fatal croup, sarcinæ invade his stomach, and micrococci envenom his saliva. If he eats a bunch of grapes, he must needs crunch the parasitic *saccharomyces* adhering to the skins; and if he inadvertently exposes the contents of his pantry to the open air, a blue green mould from the *Penicillium glaucum* spreads itself over the best preserves; bubbles line the glass jars, and wriggling organisms and motionless forms, looking like beads on a string, sour his milk. The greed of the yeast plant for oxygen is the cause of the raising of his bread, and the same craving on the part of the *Mycoderma vini*, supplies him with wine. But if he does not carefully watch these results of fermentation, mould gathers on the one, and the other falls a victim to the spores of the viscous ferment, and becomes thick, ropy, and unpalatable.

If he indulges in pork, trichinæ nestle cosily in his tissues, or the *Cysticercus cellulosus* developes into twenty feet of *tænia*, to the discomfort of his alimentary canal. In infancy and childhood, thread worms and lumbricoides disturb his sleep and torture him with colicky pains. Disease germs expose him to whooping cough and mumps, and threaten him with a long line of exanthemata; and when, the gauntlet run, he comes into youth, that fell destroyer, consumption, fed, if Koch is to be believed, by bacilli, leaves him but six out of seven chances of ever reaching the period of maturity.

If, by good fortune, he escapes this danger, others meet him

at every step. Through the parsimony and dishonesty of city officials, streets are filthy, and sewers are imperfect. If he flies to the country, perchance a dry summer and an open winter permit the generation of miasmata. And even if he seeks the salubrious atmosphere of a sea resort, defective sanitation poisons his bedroom or permits the discharges from a drain to empty a few yards from his bathing place.

And finally, when he falls a victim to disease fungi or, happily escaping them, dies of good old age, his mortal remains are no sooner consigned to the grave than a host of maggots and kindred scavengers complete the work of devastation, and thus does the man of earth become converted into the numerous bodies of his numerous destroyers.—*Scientific American*.

#### SPONGE GRAFTING.

This seems to bid fair to be a valuable acquisition to surgery. The process consists in introducing into an ulcer, for example, a piece of sponge, which acts as a stimulus to the reparative process, and is then absorbed and eliminated. Dr. D. J. Hamilton, of Edinburgh Royal Infirmary, introduces the method, and, in the November number of the Edinburgh Medical Journal, reports his experiments with the practical conclusions to which they led him.

In a paper prepared several years ago, Dr. Hamilton stated that the vessels of a granulating surface are not newly formed, but are merely the superficial capillaries which have become displaced, being thrown up into loops by the action of the heart, the restraining influence of the skin having been removed. While making these observations, he was impressed with the similarity of the vascularization, as seen on a granulating surface, and that which occurs when a clot or fibrinous exudation is replaced by a vascular cicatricial tissue. He came to regard the clot or lymph as merely playing a mechanical part, in any situation where it became replaced by a cicatrix, and that vascularization was not due to a new formation of vessels, but rather to a pushing-inwards of those already existing in the surrounding tissues.

This being the case, it seemed to him that if some dead porous animal substance could be substituted, it would, after a time, become vascularized and replaced by cicatricial tissue. An accident

suggested to him that sponge was the material sought, it being porous, like the fibrinous network in a clot, and thus capable of absorption, while it was so pliable as to permit of its adaption to surface and cavities.

Dr. Hamilton reports five experiments in which these conclusions are fully sustained. One of these will suffice: A woman had several ulcers on different parts of her body. One of these, five inches in diameter, and from half to three-quarters of an inch deep, was on her leg. The edges were indurated, raised, and, in places, undermined, while a slough at the deepest part of the wound gave the whole a putrefactive odor. Aug. 3d, 1880, he filled this ulcer, which was granulating at the bottom, with pieces of very fine sponge, prepared by dissolving out the salts by means of dilute nitro-muriatic acid, and subsequently washing in liquor potassæ, and then steeping in a 1 to 20 solution of carbolic acid. The sponge in the central part rose a little higher than the edges. It was fitted to the wound very accurately, and was inserted beneath the undermined edges. A piece of protective was placed on the surface, covered with a pad of boracic lint, and an ordinary bandage applied; the patient being kept in bed with the limb at rest.

The wound was dressed daily, but the sponge was not disturbed. On January 5th, 1881, the patient was exhibited to the Medico-Chirurgical Society, when it was found that not a vestige of the sponge remained, but that the wound had changed to a superficial, typical, granulating surface, measuring about one and one-half inches across.

Dr. Hamilton's idea is that if sponge be placed over a granulating surface, its interstices will become filled with blood vessels and cicatricial tissue, just as in the case of a blood-clot, and that ultimately the sponge will disappear in the wound, leaving an organizing mass of new tissue in its stead. The porous spaces in the sponge appear to be admirably adapted for this, and afford support to the young vessels. Even if the wound continues in a putrescent condition, organization will still go on, while in the case of the blood clot, putrefaction tends to prevent it.

We shall await with interest further developments of this line of treatment at the hands of other surgeons — *Ohio Medical Journal*.

## THE SUMACHS—CONTINUED FROM PAGE 530.

<p><b>Rhus Glabra.</b></p> <p>RESPIRATORY ORGANS.</p> <p>No proved symptoms recorded.</p>	<p><b>Rhus Toxicodendron.</b></p> <p>RESPIRATORY ORGANS.</p> <p>Frequent tickling irritability in the air passages, provoking cough; relieved by moderate exertion. Burning rawness in larynx, with hoarseness.</p> <p><i>Cough and expectoration.</i> Tickling cough, especially in the evening, also at night, preventing sleep. Spasmodic cough, with much pain in the head. Short cough from severe tickling and irritation behind upper half of sternum. The cough, as a rule, is dry. Very short of breath at night.</p>	<p><b>Rhus Venenata.</b></p> <p>RESPIRATORY ORGANS.</p> <p>Dryness and pain in larynx, with hoarseness. Harsh, dry cough.</p>
<p><b>CHEST.</b></p> <p>No proved symptoms recorded.</p>	<p><b>CHEST.</b></p> <p>Oppression of chest at night, with sticking pains. Frequent stitches in the sides. Milk disappears from the breasts.</p> <p><b>PULSE AND HEART.</b></p> <p>Pulse at first full, strong, and slow, then increasing from normal to 110 to 130. Palpitation of heart so violent that the whole body moved with every impulse. Violent stitches in the præcordial region.</p>	<p><b>CHEST.</b></p> <p>Violent stitches in the chest and lungs on breathing. Both lungs are affected, but more especially the left. Sense of constriction in the chest.</p> <p><b>PULSE AND HEART.</b></p> <p>Normal pulse 68 to 70. During proving, from 73 to 90. Stitches in heart, with palpitation.</p>
<p><b>NECK AND BACK.</b></p> <p>Pain in the small of the back.</p>	<p><b>NECK AND BACK.</b></p> <p>Large swelling on left side of neck, under ramus of lower jaw. Stiffness of whole</p>	<p><b>NECK AND BACK.</b></p> <p>Constant, dull pains in cervical, dorsal, and lumbar regions. Sharp pain under</p>

left scapula, extending through to the ribs. Rheumatic pains between the shoulder blades. Pains aggravated by stooping down or by walking. Small of the back feels paralyzed. Drawing pains in the left loin.

neck, aggravated by motion. Severe stinging and pricking in neck and upper part of back.

*Back*—Stiffness in back, worse while walking than while sitting; also while stooping, but more on rising up again. Violent rheumatic pain between scapulae, neither aggravated nor relieved by motion or rest; only relieved by warmth, and aggravated by cold. Stiffness in small of back, painful on motion; or again, pain in small of the back when lying on it. On motion all pain disappears. Burning in small of back, and in the loins.

SUPERIOR EXTREMITIES.

Tearing pain in the left arm, also arm feels paralyzed. Right arm feels paralyzed, especially the wrist and the fingers. Severe pain in elbow-joint, worse on motion.

SUPERIOR EXTREMITIES.

Violent pain in arms, worse while at rest. Left arm feels paralyzed at night. Painful swelling of the axillary glands. Shooting, burning, and throbbing pains in left arm. Stitches in both shoulders when lying, ceasing when moving about. Jerking and tearing in elbow- and wrist-joints during rest, better during motion. Loss of power, and stiffness of forearms and fingers. Digging pains in bones (*perlosteum?*) of left forearm on motion. Fingers feel numb, as if asleep. Though both arms are affected by the drug, the left arm is especially noted in the proving.

SUPERIOR EXTREMITIES.

No proved symptoms recorded.



<p><b>RHUS GLABRA.</b></p> <p><b>INFERIOR EXTREMITIES.</b></p> <p>Great fatigue of lower limbs, so as scarcely to be able to stand.</p>	<p><b>RHUS TOXICODENDRON.</b></p> <p><b>INFERIOR EXTREMITIES.</b></p> <p>Paralysis of lower extremities for three days. Walked with the greatest difficulty, slowly and shuffling. Lower extremities feel bruised, weary, and very heavy. Pain in both hip-joints at every step. Anterior muscles of the thigh feel paralyzed. Pain in thighs while sitting, disappearing on motion. Pains under patellæ. Tearing in knee and ankle, worse during rest. Heaviness and weariness of legs, worse during rest. Cramps in the calves, soon relieved by motion. Tingling pain in the tibiæ (peritæum of ?) at night, obliging prover to keep the feet in motion, preventing sleep. Weariness of feet, which feel dead and numb. Feet feel as if sprained or wrenched. Crawling or tingling in feet.</p>	<p><b>RHUS VENENATA.</b></p> <p><b>INFERIOR EXTREMITIES.</b></p> <p>Paralyzed or bruised sensation in legs. Soreness of the muscles, as if beaten. Pain in right hip, as if dislocated. Great weakness of knees and ankles, which ache constantly. Cramps in the calves at night, followed by soreness. Feet and ankles very painful, so much so he could hardly walk.</p>
<p><b>GENERALITIES.</b></p> <p>Lost two pounds in weight during the proving, and was generally debilitated.</p>	<p><b>GENERALITIES.</b></p> <p>The whole body from head to foot was badly swollen. Nervous twitchings. Paralysis of whole body, worse on attempting to rise after sitting. Unusual weakness of limbs, worse during rest. Great restlessness, worse at night. Soreness of every muscle, relieved by exercise. Sensitive to</p>	<p><b>GENERALITIES.</b></p> <p>Body so swollen he was stiff as a log. Great restlessness, weakness, and languor. For several years after being poisoned he was subject to a periodical recurrence of erysipelatous inflammation, at the same time every year, which is a characteristic of this peculiar poison. Previous to prov-</p>

open air, which aggravates all the symptoms, as do also cold winds and cold water.

SKIN.

No proved symptoms recorded.

SKIN.

The juice colors the skin black, and makes it hard, like leather.

*Eruptions dry.* Erysipelatous redness, burning, and smarting over whole body, or scurfy eruption over body. Backs of hands covered by cracks, and are hot. Skin hard, rough, and stiff. Skin peels from all affected parts. Hard pimples, burning and itching, on hands. Eruption similar to urticaria. Burning, itching eruption on hands, legs, ankles, and feet.

*Eruptions moist.* Rhus tox. does not affect all persons alike, some being more susceptible to the poison than others. But after the drug has once affected a person, he is more susceptible to its influence than before. Vesicles, most of which contain a clear liquid, become confluent. This con-

ing the rhus venenata, he could handle the rhus toxicodendron with impunity, but now poisons very readily. All of his muscles seemed stiff, but especially on the posterior part of the right leg. Rheumatism for two months after the proving, relieved by Ranunculus. The pains come and go suddenly, and wander about. Feels worse during hot, damp weather, and during rest. Pains relieved in the open air.

SKIN.

Some people cannot come within the atmosphere of this shrub without suffering the most violent consequences. Others are but slightly affected by handling it, and some can even chew and swallow the leaves, or rub them on the skin, without the smallest inconvenience following. Blondes appear to be more susceptible to its pernicious influence than brunettes. A singularity about cases is, that after being once affected by this shrub the effects of the poison will show themselves at about the same time each succeeding year. Again, individuals who have been poisoned by rhus tox. are more liable than others to be poisoned by this species; or, as some have suggested, the rhus venenata is "set to work" by the rhus tox.

**RHUS GLABRA.**

dition lasts about three days, after which the skin desquamates. A burning eruption of small blisters, filled with water, with redness of skin on whole body except on scalp, palmar, and plantar surfaces. Erysipelas, with numerous vesicles, that burst and secrete, for about eight days, a slimy liquid. After about thirty-six hours from being poisoned, swelling of the parts, with violent itching and burning, increased on touch. When the vesicles broke and dried, eczematous crusts remained. In one prover, the eruption broke out the following year on the same date on which he was poisoned the year previously, affecting him in a like manner. This time he was unable to trace any exposure to the vicious influence of the plant. The pustules sometimes increase in size to that of boils.

**RHUS VENENATA.**

Red, indurated elevations on the skin in different parts of the body; or, the skin may be covered with minute lenticular vesicles, filled with serum. These vesicles are situated in the rete mucosum. The face is swelled almost beyond recognition. Hydroa vesicles on hands and between fingers, itching and burning violently. Left side of face more affected than right. Desquamation after inflammation subsides. Rhus tox. 2c was given to a case of poisoning by rhus ven., and in five days the cure was complete. Eruption on chest, resembling that of typhoid fever, disappearing on pressure. Another prover reports his lips more affected than the rest of the body; viz: lips black on the edges, much swollen; covered with thick crusts, that in breaking emit an offensive discharge. Most relief from hot applications. Clematis 2c cut the disease short, but did not prevent desquamation. Another was affected all over the body, the poison producing vesicles attended with inflammation, redness, swelling, and itching. In just a fortnight he was able to leave his chamber, dressed with a new cuticle from head to foot. After

nine months was still subject to eruption of watery pustules between his fingers, which dry up and desquamate. Scrotum very much swollen. After desquamation, boils are apt to appear. The poison affects the skin fully as severely as that of rhus tox., but in the provings we notice, if not the entire absence of paralytic symptoms, that at least they are of minor importance to those produced by rhus tox.

SLEEP.

Restlessness, caused by itching eruption, or sleep disturbed and full of dreams.

FEVER.

Chills run up the back, even when warm and in a warm room. Dry, burning, hot skin at night, with great restlessness.

SLEEP.

Drowsiness immediately after eating and during the day, or entire sleeplessness for four whole nights; or, no sound sleep after midnight. Restless sleep and tossing about; throwing off of bed clothes. Fretful thoughts and dreams, or restless sleep on account of burning eruption.

FEVER.

Chilliness in back and head. Heat on anterior surface of body. Sensation of internal coldness in limbs, though no trace of external coldness; or, hands and feet extremely cold. Cold feet alternate with pains in legs.

Fever comes on about 5 or 6 o'clock P. M., without thirst. Fever of a remittent type and sometimes with brain symptoms. Heat, with great thirst. Sweat all over

SLEEP.

Disturbed, and very restless.

FEVER.

Sensation of coldness, while there is actually an increase of heat in the skin.

RHUS GLABRA.	RHUS TOXICODENDRON.	RHUS VENENATA.
<p>AGGRAVATIONS.</p> <p>Not recorded.</p>	<p>AGGRAVATIONS.</p> <p>when coughing. Profuse sweat in the morning.</p> <p><i>Morning</i>—Eyes red and agglutinated. Cough and pain in chest.</p> <p><i>Afternoon</i>.—Headache in the occiput afternoon and towards evening.</p> <p><i>Night</i>.—Anxiety, restlessness, dyspnea. Cramps in the calves, and itching.</p> <p><i>On deep breathing</i>.—Pain in left side.</p> <p><i>On swallowing cold water</i>.—Burning pain in the stomach.</p> <p><i>While walking</i>.—Vertigo. Pain in left side, shoulders, and hip-joint. Stitches in back. Limbs stiff and paralyzed.</p>	<p>AGGRAVATIONS.</p> <p><i>Morning</i>—On waking, eyes sensitive to light. Diarrhea from 2 to 5 o'clock.</p> <p><i>Night</i>—Itching and restlessness. Skin hot and dry.</p> <p><i>After stool</i>—Discharge of blood from anus.</p> <p><i>Swallowing</i>—Pain in tonsils.</p> <p><i>Stooping</i>—Pain in lumbar region.</p> <p><i>Hot, damp weather</i>—All the symptoms.</p>
<p>AGGRAVATIONS.</p> <p>Not recorded.</p>	<p>AGGRAVATIONS.</p> <p><i>Hot applications</i>.—Pain in teeth.</p> <p><i>Motion</i>.—Stitches in shoulders. Tearing in elbow- and wrist-joints, thighs and calves.</p> <p><i>Pressure</i>.—Pain in head.</p> <p><i>Swallowing</i>.—Stitches in throat.</p> <p><i>Walking</i>.—Pain in back. Weariness and heaviness in legs. Pains in left side.</p> <p><i>Warmth</i>.—Pain between scapulae.</p>	<p>AMELIORATIONS.</p> <p><i>Moderate exercise in open air</i>—The symptoms in general.</p> <p><i>Hot bath</i>—The symptoms in general.</p> <p><i>Washing with cold water</i>—Itching on back.</p>

## CORRESPONDENCE.

EDITOR COUNSELOR:—In the note by the Editor, commenting upon my article in the issue of May 15, of the COUNSELOR, upon the use of Baptisia in typhoid fever, I recognize the importance of the points made, and would say in explanation, that in so far as my remarks may have carried the idea of using Baptisia, or any other remedy, on the principle of its being a specific for typhoid fever in every case, simply because it is typhoid fever, it was not intentional. On page 307, 2d paragraph, I say that Baptisia cuts short typhoid fever, because it is *homœopathic to the pathological symptoms and conditions as well as to the subjective symptoms*.

I also was careful to describe the symptoms and condition of enteric or typhoid fever, or, as Raue terms it, "Ileo typhus, or typhus abdominalis," to which the pathogenesis of Baptisia is closely similar.

I never give that, or any other remedy, to patients simply because they have typhoid fever, or any other disease, but because the symptoms and the pathological condition indicate it in accordance with Homœopathic law. I certainly should not consider Baptisia homœopathic to any case, if the individual symptoms did not indicate it.

Now for the use of salicylate of soda, the question is asked: Is the reason assigned quite "scientific"? The question is a very important one, and should be well weighed.

What is the tendency in a case of low typhoid? Is it not to putridity and death, or to gangrenous degeneration of the mucous membrane of the tongue, mouth and fauces, and, as you say, bluish, half-rotten gums, with sordes on the teeth, and extreme fœtor, and absolute foulness of the excretions?

Now, this condition is brought about by the poisonous influence and deadly tendency of the disease. If this influence is so powerful as to overcome the vital force, aided by Arsenic or Bryonia, or Rhus tox., or Baptisia, is it not scientific to make a local and internal application of a known antiseptic, or disinfectant, which experience has taught me will prevent that foul condition to such a degree as to avoid very much of the absorption of poison

from the secretions of the mouth, and also, *by the same chemical process which makes it keep milk sweet, and preserve meat from decay*, prevents fermentation and decomposition of the blood.

This term, "fermentive changes," may not be quite "scientific;" I use it to convey my idea of putrid decomposition, or degeneration, of the blood; vegetable, as well as animal, substances ferment before becoming putrid. Dunglison, in his Medical Dictionary, defines putrefaction as putrefactive fermentation, and says that something like putrefaction, it has been supposed, may occur in the living body. Again he says, "The fermentive theory of zymotic diseases supposes that a particle of poison in the atmosphere, or derived from an affected person, acts as a ferment to textural waste products, lingering in the body of a healthy but predisposed person." Again he defines "Zymotic principles," to be certain matters which, of themselves, or by their transformation, propagate zymotic diseases, as variola, typhus, syphilis, etc. Again he defines Ferment, as derived from *ferreo* (I boil, I am hot). One main object in the prophylactic treatment of typhoid fever is to keep the temperature as nearly normal as possible; for in proportion to the height of the temperature is the degree of putridity, and consequent blood poison and danger, in each individual case.

C. Gilbert Wheeler in his Medical Chemistry, page 296, says: "During Cholera, and Typhoid fever, the blood globules assume irregular forms, and unite together; and in typhus, and in tuberculosis in its advanced stages, the blood loses its property of becoming red in contact with oxygen, since this gas no longer unites with the globules."

"The blood of typhus patients contains ammonium carbonate; ammonia, and many toxic agents, attack the envelopes of the globules; hence, whenever these substances are in the blood, the globules become ruptured, and death ensues in the absence of prompt antidotes." On next page he says of scurvy, "the change in the blood is quite marked. It is disorganized on account of the dissolution of the globules, and the diminution of albumen and salts."

Hempel and Arndt's Mat. Med. and Therapeutics, as well as Burt, and Hale, and Ringer, all ascribe to salicylic acid and to the salicylate of soda, this antiseptic property of preventing pu-

tridity, or fermentive decay. Burt's *Mat. Med.*, page 179, gives as fair a pathogenesis of salicylic acid as we have, and it is about as similar to very many of the subjective symptoms of typhoid fever as any remedy we have, and added to its antiseptic and prophylactic properties, this pathogenesis, I think, abundantly warrants its use.

In the *Michigan Medical News* (old-school), and in the *U. S. Medical Investigator*, Sept. 1879, are articles on the use of salicylic acid and its salts, and in both it is claimed to reduce febrile temperature.

In the *Michigan Medical News*, Sept. 25, 1879, is a quotation from a report by W. O. Moore (in the *New York Medical Journal*, August, 1879) of the results of hospital treatment, of over 2000 cases, by different methods, and his conclusions as summed up are as follows:

"1. Salicylic acid, and its salts, have a decidedly beneficial effect in typhoid fever, in reducing the temperature, and thereby decreasing mortality. 2. The tendency is to shorten the duration of the disease by the antiseptic properties of the acid. 3. The salicylate treatment is equal to any other antipyretic form of medication. 4. There is every reason to suppose that the salicylic, combined with the cold water, treatment, would excel all other methods. 5. A large dose of one drachm of salicylate of soda acts better given at once than in divided doses. Such a dose is sufficient for twenty-four hours."

(With the fifth proposition, or rather conclusion, I can not agree. The dose is too large, and produces too much constitutional disturbance. I find it best to give not to exceed four grains at a dose at, or about, six, eight, and ten o'clock, night, and morning, dissolved in an ounce or two of water.)

The above two articles induced me to test it, and the results are as reported in my former article; and furthermore, while using the salicylate I have never had the condition of the mouth, and gums, and tongue, which is so common in low typhoids, and which is mentioned in the Editor's note.

As the exhalations from the lungs produce the dark brown, almost black, tongue, and sordes upon the teeth, tending to poison anew the whole system by absorption, the salicylate of soda promptly antidotes the septic poison, disinfects the inhaled air,



is carried by inspiration into the lungs, preserves the purity of the blood, is absorbed upon the base of the tongue, the fauces, and pharyngeal mucous membrane, is carried into the posterior nares, during expiration, acts upon the pharyngeal extremities of the Eustachian tubes, thus lessening materially the degree of deafness as well as the paralyzing effect of the typhoid poison, preventing putridity, fermentation, and gangrenous degeneration of the mouth, tongue and blood.

Now I ask: Are not my reasons scientific? You ask: Am I sure that it was not the arsenic, or the bryonia, or the rhus tox., or the salicylate of soda that cured my patients, instead of the Baptisia. I am sure that each one of these remedies used acted as an important factor in the case. The Baptisia acted as an antidote to the typhoid poison (See Dunglison, typhus deposit), and was homœopathic to the low, stupid, typhoid condition, acting through the cerebro-spinal nervous system upon the blood, mucous membranes, and sympathetic system. Bryonia acted through the cerebro-spinal nervous system, upon the serous membranes, was homœopathic to the inflammation and effusions, upon the mucous membranes, arrested secretions, and upon the muscular system. Arsenicum, through the ganglionic nervous system, acts upon every part of the body, is homœopathic to the prostrating, paralyzing, degenerating, disintegrating effect of the disease. And all are beneficial, if not necessary, in aiding the system or vital force to overcome the deadly effect of the disease.

F. A. NEWHALL.

### THE LIBRARY.

A HAND-BOOK OF HOMŒOPATHIC PRACTICE. By GEORGE M. OXFORD, M. D.—Chicago: Duncan Bros., 1882, pp. 435.

The above volume, in its arrangement, is patterned after the larger works on "Practice;" each chapter contains a definition of its heading, a description of the symptoms of the disease discussed, and, under "treatment," a list of remedies with their indications. The peculiarity of the work lies in its brevity: there is no waste of words, and considerable variety is crowded into a volume of very moderate size; of course, it would be folly to look, in such a work, for elaborate descriptions of diseases, so-called, or for minute indications for remedies to be applied in treating them; but, so far as the writer goes, he shows good judgment and acquits himself creditably.

Our chief complaint of the book lies in its presumed *raison d'être*; the preface states that it "is issued with the hope that it may prove useful to the student

in Homœopathy, *as well as to the busy practitioner to whom time is too valuable to ponder over the larger works of his library.*" (Italics are our own). It is quite likely that the "student" may, at times, make good use of a work like the one now before us; to the "practitioner" it can be of no service whatever. If there is a man in practice anywhere within reach willing to stake the life of his patients upon so incomplete and fragmentary a treatise, or so "busy" that he cannot spend the time to "*ponder over the larger works of his library*" we would earnestly advise such "busy practitioner" to borrow his neighbor's old army-gun, put into it a double load of buck-shot, largest size, put the muzzle to his forehead, and pull the trigger; it will be the shortest way of ridding the world of a physician whose existence, at this day, is utterly unnecessary and inexcusable.

**A HAND-BOOK ON THE DISEASES OF THE HEART, AND THEIR HOMŒOPATHIC TREATMENT.** W. P. ARMSTRONG, M. D., Chicago: Duncan Bros., 1882, pp. 271.

Dr. Armstrong's Hand-Book on Diseases of the Heart possesses points of considerable merit, and forms a by no means insignificant addition to our literature on this subject. While not rich in originality, it gives a resume of pretty much all the important facts in connection with the subject which have been developed, and points out, in a concise form, and in clear and well-chosen language, those characteristic and diagnostic symptoms of the various affections of the heart which it is important for the practitioner to understand. The book will repay careful study.

**CONTRIBUTIONS TO PRACTICAL GYNECOLOGY—ILLUSTRATED.**  
By I. JAMES DONALDSON, M. D. Part I.—Practical Observations upon Uterine Deflexions.—Part II.—Practical Observations upon Dysmenorrhœa. New York: 1882, pp. 134.

The above volume, written in an attractive and clear style, forms a very interesting contribution to the study of uterine displacements and of dysmenorrhœa. Dr. Donaldson does not hesitate to question, on many important points, the correctness of views and teaching of eminent authorities generally accepted by the medical profession. He affirms, for instance, that the pubic bone, not the perineal body, is the centre of gravitation for the abdominal viscera, and that the uterine ligaments and the vagina, instead of supporting the uterus, merely maintain the equilibrium of this organ. In the treatise on dysmenorrhœa, the author advances the belief that painful menstruation is frequently the result of pressure upon nerve-filaments by a deposit of lymph, the result of a low grade of inflammation; this pressure being increased at menstruation by a turgidity and straightening-out of the erectile tissue, which places the contracted portion in a state of tension; the irritation thus produced is communicated to the uterine nerve-centres, causing more or less violent spasmodic contractions of a reflex character.

The author introduces several instruments of his own invention, for which he claims usefulness in the treatment of the disorders described in these essays.

Without endorsing all the views advanced, we are forcibly and favorably impressed with the arguments made to sustain the position taken by the author; the book itself possesses considerable merit, and should find many readers.

**HELPS TO HEAR.** By JAMES A. CAMPBELL, M. D. Professor of Ophthalmology and Otology, etc., etc., with Illustrations. Chicago: Duncan Bros. 1882.

A well-written, semi-popular treatise upon the subject named on the title-page,

written by one who gives evidence of wide reading and of intimate acquaintance with the matter in hand.

**HAHNEMANN AS A MEDICAL PHILOSOPHER.**—The Organon.—Being the second Hahnemannian Lecture, 1881. BY RICHARD HUGHES, L. R. C. P., Ed., London: I. Gould and Son. 1882.

Mr. Hughes is, at all times, a most interesting writer; he never shows to better advantage than when discussing the philosophy, not so much of Hahnemannism, as of Homœopathy, or when fully indulging himself in the role of the critic. No matter how little Hughes may coincide with the views of his reader, the latter is sure to be interested—and instructed.

The above lecture is undoubtedly one of the most interesting papers written by our eminent British colleague, and is of far greater merit, than is indicated by the moderate size of the little brochure itself.

**PLAIN TALKS ON AVOIDED SUBJECTS.** BY HENRY N. GUERNSEY. M. D. Philadelphia: I. A. Davis, Att'y, Publisher. 1882.

It is the aim of the above brochure, to teach to the people the beauty and the wisdom of living a life of chastity, and to instruct the masses in sexual hygiene: no man is better qualified to do this successfully than the author of this neat little volume. Physicians can often do much good by putting into the hands of their young clients something which will furnish much needed information on sexual matters, which some parents have not sufficient grace or sense to impart: when such occasion arises, let them send for Guernsey's "Plain Talks on Avoided Subjects."

#### RECEIVED.

**THE HOMŒOPATHIC PHYSICIANS' VISITING LIST AND POCKET REPERTORY.** BY ROBT. FAULKNER, M. D. Second Edition. Boericke and Tafel. New York and Philadelphia.

**WALSH'S PHYSICIANS' COMBINED CALL-BOOK AND TABLET.** Seventh Edition. Published by Ralph Walsh, M. D. 332 C St. Washington D. C.

**THE PHYSICIAN'S MEMORANDUM BOOK.** Arranged By JOEL A. MINER. Fifth Improved Edition. with Clinical Columns and Ledger Sheets. Ann Arbor, Mich., Joel A. Miner Publisher.

**OTIS CLAPP AND SON'S VISITING LIST AND PRESCRIPTION RECORD.** Boston and Providence. Otis Clapp and Son, Publishers.

**WM. WOOD AND CO'S., MEDICAL RECORD VISITING LIST.** For 1883.

All the above visiting-lists are conveniently arranged, nicely gotten-up, and "fill the bill" to perfection.

Faulkner's contains a repertory which can be utilized to advantage in refreshing the memory; all the call-books have the usual tables, and are so nicely arranged that it is difficult to decide which to prefer. We would advise our friends to buy them all, and use them in rotation.

#### A CARD.

THE MEDICAL COUNSELOR PUBLISHING COMPANY, appreciating the value of the services of contributors to this journal, and desiring to show this appreciation in some tangible manner, take pleasure in announcing that they will ship on January 1, 1883, one copy, bound in cloth, of Allen's "Symptom Register of Pure Materia Medica" (price \$12.00), to the physician who shall furnish, by December 15, 1882, the most valuable contribution on materia medica. The award will be made by a committee of disinterested gentlemen, whose names will be given in due time.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. Arndt, No. 62 Monroe Street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## EDITORIAL.

It is more than likely that attempts will be made in several states to secure the enactment of laws to regulate the practice of medicine. The plea for the necessity of the enactment of such laws will be based upon the presumed needs of the public, and thrilling stories will be told to the several legislative bodies in council assembled of the great harm done their constituents by the vile impostors and quacks who fatten upon the misery and sufferings of said legislators' constituents, and of the strict account to which the legislative Solons will be held, should they close their ears to the pathetic appeals professedly made in behalf of the public welfare. Time alone can tell what will be the success of such movements; or what would be the effect of such laws, if enacted, upon the general public.

Many things conspire to make it almost impossible for a candid and enlightened medical man to come to a satisfactory decision upon the important points involved in the settlement of the question of medical legislation. That this country is fairly overrun with men who practice the healing-art without possessing the very rudiments of a medical education is well known to every observing person in the land. Many such men grow rich upon a stock in trade composed almost entirely of impudence, conceit, and a measure of boldness which might draw the envy of a road-agent; every dollar of their ill-gotten wealth is obtained under false pretenses, and often by means which would bring a blush of shame to the cheek of a highwayman. There seems to be a certain amount of justice in the plea made that the public must be protected against medical sharks, much as the state is presumed to be responsible for the protection of its citizens against fraudulent insurance companies, lotteries, or small-pox. On the other hand, experience shows that the people possess a goodly measure of common sense; that they are abundantly able to take care of themselves; that they should be permitted, at least in a free country, to turn for aid in the hour of sickness and death to that source which to them promises surest and quickest relief. Intelligent people are certainly capable of selecting their own medical advisers, and the not-intelligent classes are sufficiently conceited to assert their right to employ, as their physician, any one they see fit to trust at a time of need. This latter conceit is universal; even in Europe, where the government deems itself called upon to interfere in every relation of life, and where a faithful female subject may scarcely become *anceinte* without due per-

mission from priest, constable, or legislator, the ignorant classes, including many of the trades-people, at the risk of severe punishment in case of detection, prefer to consult the shepard in the next village, the "oldest woman in the town," or the "wise man" of the neighborhood rather than go for advice to the duly authorized medical man; at a time of sickness human nature inclines even the slave to grasp for the very, and the only, straw which to him seems most likely to become the means of salvation. Furthermore, intelligent people are not only capable of judging of a physician's qualifications for practice so far as they can be supplied by schooling, but are commencing to realize that not all duly educated physicians possess the ART of *healing the sick*, and that such art is something which cannot be gained altogether in the lecture-room or from text-books.

The plea that medical legislation is demanded because the public safety requires it, is a fraudulent affair, a false pretense. The medical fraternity endeavor to secure legislation as a matter of self-protection, *and as such only*. A hyper-sensitiveness stands in the way of an open confession, and a falsehood is made to answer the purpose of a fact for the existence of which no one in particular can be held responsible. Medical colleges have sprung up everywhere like mush-rooms, and are annually graduating thousands of men, a large percentage of whom are not at all qualified for the intelligent practice of medicine. The result is lamentable; the profession is over-crowded; competition becomes unbearable, disgraceful; fees are merely nominal; "brass" is at a premium, and "brains" at a discount; the most worthy are apt to struggle along in poverty, the "cheeky," self-asserting men are liable to crowd forward. There is much truth in this. The best physicians have not always the best practice, do not always make the most money. Yet, there is room near the top, and a man is pretty sure, in the fulness of time, to find his level and his proper place in life and in his profession. The mighty host of "traveling doctors," of stationary impostors with their flaming advertisements of wonderful cures performed by them when all others had failed; the charlatan, found in the large cities; the patent-medicine vender; the discoverer of wonderful "cure-alls;" the array of pious missionaries who can cure consumption and restore "lost manhood;" the long-haired clairvoyants and the deceiving, or self-deceived, mediums operated upon by the spirit of some departed Indian ruffian—all these help not only to draw money from the pockets of the dear people, but, by so doing, lessen the amount obtainable to such a degree that it often becomes next to impossible to collect a very moderate fee for services rendered honestly and with singleness of heart.

Let us be honest then, and frankly admit that we bear the public no ill-will; that we hate to see the public imposed upon; that we would like to see the public receive for their hard-earned money the best services of educated physicians rather than see their means wasted upon impostors of the blackest dye; but above all, let us confess that our chief desire is this: to drive out of existence men who have not prepared themselves for the practice of medicine, and to secure to educated men the dollars and cents annually paid to those who have given neither time, money, nor honest effort to a due preparation for the assumed duties of a physician. And if the dear public are sufficiently impatient to tell us that there is no objection to our entering upon some other calling

richer in promises of pecuniary success; if the dear public remind us that we became physicians simply because we followed our own pleasure and inclination, that we made our bed and had better "lie on it," let us tell them, as blandly as we may, that some of us fancy ourselves capable of doing them more good as physicians than we could do them in any other capacity, or that we have a strange fondness for "the bed we made for ourselves" and hate to exchange it in old age for an untried calling, and that, in return for an honest desire to ever do our duty to our fellow-men we humbly crave such protection as will give to honest medical men the best chance possible to earn a decent living and a competency for that old age which comes to the physician sooner than to any other class of men.

We admit, and claim, then that physicians who have spent their time and money in the attempt to secure that medical education which forms the only true basis of the healing-art, are forced to ask protection of their interests by demanding that all persons who offer their services as physicians shall be obliged to similarly prepare themselves and undergo the same preliminary training. The public must necessarily be the gainer by granting such a request; but, right or wrong, manly or mean, honorable or contemptible, let the profession cease to play at philanthropy and humanitarianism, when it is chiefly concerned in securing its own welfare.

The desired legislation could be secured without trouble did all schools of medicine move in accord. Our friends of the "old-school," however, have made this next to impossible. It *seems* unfair to class with impostors, charlatans, and quacks men who are their equals in all that makes a man and a physician, simply because these men have made a specialty of homœopathic therapeutics, and have been fairly successful in vindicating their claims that homœopathic therapeutics are not without merit. Yet, our beloved friends of the Old School *will* persist in their naughty practices, and would rather kill homœopathy and its exponents, no matter how thoroughly educated or how successful in practice, than drive from the land every arrant quack and ignoramus who ever peddled blue-mass and jalap, or sold patent-medicines or secret nostrums to the tune of a hand-organ from a carriage drawn up by the street-corner or the public square. Alas! it may seem hard to say it, but there is hardly a state-society of old-school men that would not prefer to have the present state of affairs continue into all eternity, even at the risk of starving themselves, if such a thing could occur, than be sufficiently just and manly to retrace their steps and to undo the many wrongs, and to retract the many libels, put upon homœopathic physicians.

It would seem highly desirable to see enacted in every state such laws as would demand of every physician proof of possessing a respectable medical education. Such a law would benefit every legitimate member of the profession, and would certainly not harm the public. Homœopaths everywhere are fully persuaded of the propriety of such a law, and are prepared to loyally carry out its provisions, if such a law be enacted. In seconding, however, any movement in this direction made by any number of men, let homœopaths remember the history of the past, and the unfair dealing it has ever received at the hands of its enemies; do not let homœopaths be persuaded by kindly approaches and innocently worded drafts of petitions into endorsing what may prove to them sui-

oidal. Let the members of our school be on their guard. Heartily co-operating with those who seek to be just to all, let our people see to it that we have full representation upon any State Board of Examiners that may be organized, or let them insist upon having a board of their own. To demand less would be the very essence of folly!

## A CONTRIBUTION TO THE STUDY OF MATERIA MEDICA.

BY S. A. NEWHALL, M. D., NEWTON, KANSAS.

Materia Medica is that branch of medical science which treats of the knowledge of medicines, their action upon the animal economy, and their mode of administration. (Dunglison Med. Dic.)

The homœopathic materia medica differs from that of the old school particularly in this: it is a self-constituted science, based upon a therapeutic law, which I believe to be unerring, infallible, and universal in its application.

I know the correctness of this statement is questioned, not only by the old school, but by many members of our school of practice. I claim that the difficulty lies in our lack of knowledge of the action of remedies, and of their proper application—not in the law itself.

I shall leave these statements, in the form of postulates, to be supported by such proofs as may casually arise in the consideration of the subject.

The different modern textbooks of our school have done an excellent work in carefully culling out symptoms which, by their repetition under nearly every polychrest, were almost useless.

The careful proving of the new remedies, together with their clinical verification by indefatigable workers, is making steady and healthy progress. The indomitable energy and perseverance of our own workers has forced the old school out of their Rip Van Winkle sleep, and rubbing their eyes, they are looking around for some rule of practice, that shall in some measure satisfy the inquiring minds among them, and, if possible, prevent honest investigation of our principles and practice—one that shall incorporate the essence of our teaching without giving us any credit therefor.

The *Michigan Medical News* (old-school) of Sept. 11, 1882.

contains a selection from the pen of Prof. Robert Bartholow, in which he states that during the past year he has been experimenting to "ascertain if there are any general formulæ, by the aid of which we can more successfully interpret the influence of quantity over qualitative actions."

As a result of his labors, he lays down the following propositions: "Medicines acting on a part, a tissue, or an organ, can only increase or diminish normal function." "The irritability—that is, the power to react to impressions—of a tissue or an organ may be increased, or diminished, or destroyed, by medicines affecting function." "Those medicines which increase irritability must, if their effects continue, ultimately cause the same results as those lessening irritability from the beginning of their action, for it is a law that if excitation of a function continue, the irritability of that function will ultimately become exhausted, and its action cease." "The property of irritability, which I have defined to be the power to react to impressions, is possessed by all organs." "It is no less true that persistent irritation, or stimulation, ultimately destroys the power to functionate—in other words, arrests function. The proofs of this are unanswerable."

"The whole matter is resolved into this physical law: 'To every action there is an equal and opposite reaction.'"

Illustrating this principle, he cites quite a number of the poly-chrests, showing that in minimum doses they gently increase function; in maximum, or toxic, doses they diminish and destroy function. And yet he denies any application of the law of "similars."

His final summing-up is this: "Throughout the whole field of pharmacology, we find that qualitative results are largely influenced and determined by the quantity administered. In fact, so certainly true is this relation, that in the statement of physiological actions and therapeutical results, the quantity administered is an essential element, without reference to which exactness is unattainable."

In speaking of ipecacuanha, he remarks: "We find that this has, in small doses, a sedative effect—a stimulating or irritant action in large doses. Small doses will sometimes arrest vomiting of nervous or reflex origin. The homœopaths have made much



of this, and claim that to admit it is to admit the truth of their ridiculous dogma of the similars. The facts are so susceptible of a truly scientific explanation that there is no need to have any humbug mysticism over them. The so-called tolerance, produced by repeated large doses, means diminution of irritability—the inevitable result of over- or continued-stimulation.”

We fully agree with the writer that the facts are so susceptible of a scientific explanation that there is no need of mysticism; the remedy, by its similarity to the irritating, morbid principle or cause of the vomiting, both in its effect and in its choice of locality, allays or stops the irritation, and the vomiting ceases.

If the dose of the remedy were more than enough to neutralize the morbid cause of the vomiting, the excess would have the effect to keep-up, or, to aggravate, the vomiting, in proportion to the quantity given. BECAUSE. “*To every action there is an equal and opposite reaction.*”

What better explanation of the law of similars, or guide to the quantity of a remedy needed in a given case, could we ask? Having selected the similarly indicated remedy in a case of low typhoid, the remedy, *e. g.* Baptisia, must be given in a sufficient dose, so that by its antidoting power it can neutralize the “*materies morbi*” to such a degree that the organs and tissues attacked, or acted upon, may have power to assume a healthy reaction; and yet not sufficient to go beyond this, and, by its similar action, fatally depress and destroy the power to react or to “functionate.” If the similar remedy be arsenicum, the dose must be large enough to neutralize the irritating morbid material, or principle (malaria, or what not), and small enough not to irritate and destroy the power to assume healthy reaction.

How shall we determine this amount, or dose, required? I answer, by the symptoms and pathological condition of the case. If these correspond to the primary effect of a toxical dose of the indicated remedy, the potency should be the 3x, or 6x, or higher, even to the 30, or 200, or 2000. On the other hand, if they correspond to the secondary symptoms of a poisonous dose, exhibit a low attenuation, or a minimum dose of the mother tincture, *if necessary, and by its nature admissable.*

The principle involved in this physical law I consider of great importance, involving not only the action of the remedy, but

also that of the morbid principle causing the disease or departure from health.

Every morbid principle affecting the organs or tissues of the animal economy has an elective sphere or affinity, and affects certain organs or tissues more readily than others; and the remedy, to be truly curative, must have the same, or a very similar, elective sphere, and produce the same, or a very similar, physiologico-pathological condition and subjective symptoms. Having these qualities, *by its affinity for the morbid principle, it unites with it, each neutralizing the other*; and the remedy, by a very slight excess of action, excites the organs or tissues involved to a healthy reaction: provided always that the vital force does not perform this duty without aid.

This similarity in the elective sphere of the remedy and the morbid cause of the disease, is a very important—in fact, an indispensable—property in effecting a speedy cure; for instance: *Veratrum viride* acts principally upon the pulmonary and gastric tissues, and produces acute congestion and inflammation of the lungs and stomach, and complete hepatization of the lungs; no remedy in the world will relieve such a condition so quickly as the minimum dose of the tincture; and, followed by *bryonia* 3x or 6x, to aid healthy reaction, a prompt and speedy restoration to health is the result.

This alternate, or primary and secondary, action of drugs was noticed by Hahnemann, and repeated by Teste, and is now taught by E. M. Hale. Teste's *Mat. Med.*, 1854, p. 50, says: "This simple proposition, which seems to me self-evident, that natural maladies as well as drug diseases, have their primary and their secondary symptoms, would render all demonstration superfluous; for if this be true, who does not comprehend that it is not sufficient that a drug, in order to be really homœopathic to a given disease, should be capable of producing symptoms similar to the natural malady; but that the alternate effects of the drug and those of the disease must develop themselves in the same order;" and goes on to illustrate this point by the action of coffee and opium. So Prof. Bartholow illustrates the same principle by the action of opium, quinia, and alcohol. In an article in the last number of this journal (Nov. 15, pp. 502-3), E. M. Hale reiterates the same principle in these words: "The time

will come when this double or opposite action of all, or nearly all, medicines, will surely be recognized; and when this is the case, our practice will be rendered more certain and scientific."

Our great want now is to understand our remedies; to know from a truly scientific basis how to apply the proper remedy in a given case, and to be able to do it promptly and readily, and also to determine as promptly and readily the amount, or potency, of the remedy necessary to effect a cure in the best manner possible.

The mistake made by very many men in all schools is, that they undertake to stimulate an organ to a proper performance of its functions when the vital force is already exciting the organ to its utmost capacity; what is necessary is this: to remove the obstruction, or burden, and the organism will assume its normal function at once.

In order to make this application, I repeat, we *must know* our remedies. Of course, I take it for granted that we have ascertained all that we can possibly, under the circumstances, of the morbid condition we have to treat, and then find the truly similar remedy. Having found it, there are several points we must remember: 1st, That the vital force is doing its utmost to throw off the burden and to enable the organism to perform its functions. 2d. That the effect of our remedy is similar to, *not the same as*, the morbid product, and may act upon some other organ not already affected, and that we must choose the potency which will neutralize the morbid principle, and not add to the burden already sustained. 3d. That nearly every remedy has a mechanical, a chemical, and a constitutional, or physiological effect. We must note to what extent each is heeded; this will largely govern the amount of the dose. The question here arises: where do these peculiar properties of remedies cease? The answer cannot yet be given. 4th. We must remember that the dynamic force of a drug is developed as it is divested, by attenuation, of its crude materials, which can only, or very nearly so, act mechanically or physiologically; and that in proportion as the disease is of a clearly dynamic or nervous type, we must apply proportionately attenuated potencies, if we would have prompt and satisfactory results.

This brings us to the consideration of the important, and much disputed, question of potency. The great difficulty in discussing

it has been a disposition to assert individual views, in hostility to all others, and to ride such views as hobbies. Truth, reason, and common sense say, and science and law reiterate it, adapt the potency to the case in hand. If an acute case, with a powerful organism possessing abundant life-force, requires the chemical, mechanical, and physiological force, or the effect of the mother tincture, it is as truly homœopathic to the case as the thirtieth, or two-hundredth, may be to another case.

In an acute case of a nervous type, with a delicate temperament, responding promptly to the slightest impression, the highest potency attainable will serve the best purpose.

In still another case of a like temperament, with a disease which stupifies the sensibilities and paralyzes the system, a medium potency, or even the minimum dose of the mother tincture, *may* be required, and if so, is the truly homœopathic remedy for the case; for the vital force is not strong enough to react to, or against, the impression of the morbid principle causing the disease. The medium or low potency has enough of the *chemical* property of the drug to combine with, and to neutralize, the morbid element, and enough of the *dynamic* power of the drug to act as a very gentle stimulant to the vital, or life force, and enable it to react and to overcome the paralyzing effect of the now-weakened and subdued disease.

Some scientists claim to have found the limit to divisibility of molecules, and assert that because the microscope fails to find matter, there is none present above the limit claimed; but experience disproves the assertion. In my experience the 30 and 200 has performed as brilliant cures as the lower potencies, where indicated; and in my own person nux vomica 30 will act more promptly than the 3x; and bryonia 6x will act better than the 3x. In many cases of exhausted vitality from long continued, exhausting irritation and stimulation, arsenicum<sup>300</sup> has acted very promptly, and in one case of peculiar susceptibility, arsenicum<sup>300</sup> produced violent aggravation, with all the symptoms of mild arsenial poisoning. After the aggravation was relieved, arsenicum<sup>3000</sup> relieved promptly.

No argument or sophistry can convince me that there is no medicinal virtue in these high attenuations.

Prof. Jaeger, in his neural-analytical studies, has arrived at

the following conclusions: "The mother tincture, and the homœopathic attenuations of the same substances—chamomilla, pulsatilla, nux vomica, and belladonna—in the 15th potency, hold antagonistic relations to each other." "If they are inhaled one after the other, neural analysis, and other methods, show readily that they antidote each other." "If irritability has been lowered by inhaling of the mother tincture, immediate inhalation of the 15th potency brings irritability back to its former quantity and quality, and vice versa." "Neural-analytically, the mother tincture produces a lowering of irritability (and since destruction of irritability is death, this may be called toxic, or poisonous, action), the homœopathic attenuations an increase of excitability; hence a vivifying effect."—MEDICAL COUNSELOR, Vol. VII., p. 236.

These investigations place the limit of molecular divisibility beyond the reach of the microscope, and who shall say where it rests!

Experience and observation go to show that it varies very much in different substances.

To my mind the physical law, "*To every action there is an equal and opposite reaction,*" is at least a good guide in the settlement of the question of dose. The great therapeutic law *Similia similibus Curanter* is the best rule yet discovered to the selection of the proper remedy.

From all these collated facts and experiences I draw the following conclusions: We need—1st. To study most thoroughly our old well-proven remedies. 2. To gather-up all the reliable information concerning new and indigenous remedies. Clinical knowledge of a drug, in a clearly-defined case of a well-understood disease, is very valuable, and may often save a life in an emergency. 3. We urgently need a well-organized corps of competent persons, to thoroughly and scientifically prove all our new and partially-proven remedies, showing the organs, nerves, and tissues upon which they act, and the physiological and pathological effects produced; and also showing their capacity of attenuation, as far as may be, together with their primary and secondary symptoms. 4. We need a scientific chemical analysis of all our remedies, showing their natural chemical component parts, given in clear, concise language, for reference in complicated cases where no one remedy is clearly indicated. 5. A very im-

portant element in our *materia medica* has been neglected by all schools of medicines, but was urged upon the profession by the late Dr. G. D. Beebe, of Chicago, and is now being developed by Dr. Declat, of Paris, France—*i. e.* *Antiseptic Medication*. I consider it absolutely essential in the treatment of all diseases of a septic-poisonous nature, as typhoid fever, scarlatina anginosa, diphtheria, puerperal septicemia, retro-pharyngeal abscess or ulceration, acute tonsillitis or putrid sore throat, pulmonary consumption, and chronic, or putrid, nasal catarrh.

The most innocent antiseptics, as well as the most efficient, I deem to be the sulpho-carbolate of soda, the salicylate of soda, and the phenic acid preparations of Dr. Declat.

This paper has grown beyond my intentions, and, trying to be thoroughly practical, I have encroached somewhat upon therapeutic ground; but if it has incited others to honest investigation, and furnished practical thoughts which will aid younger practitioners in their work of curing disease, I am content, and will only add this precept: *Prove all things, hold fast that which is good.*

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### HYSTERICAL SPINE.

BY OSMAN VINCENT, F. R. C. S., ED., M. R. C. S., ENG.

The first symptom and the usual reason for the first visit of the patient is *pain*. "I have such awful pains in my back." Now, in slight, and even in severe, cases of lateral curvature, which particular deformity the hysterical spine most nearly simulates, there is seldom any pain, and when we come to investigate this pain we soon discover its nature. We are all aware that, when any of the tissues of the body are the seat of acute or chronic inflammation, the pain which results is augmented by pressure; but the pain we are considering, and which is alleged by the patient to be "all down the spine," is not increased by pressure. For instance, if the patient is placed face downwards on a firm mattress or couch, the whole weight of the surgeon's body transmitted to the spine by means of the open hand will give no pain; but, on the contrary, if the finger be drawn lightly over the spinous processes, from the cervical portion down to the sacrum, we shall have a scream or sob, together with considerable cringing

and flinching. So the apparent suffering of the patient bears no proper proportion to the pressure exercised.

Another test producing a very characteristic symptom of these cases is to tap gently the spinous processes as the patient stands erect before you. The same flinching will be observed, and by these means one is often enabled to more or less localize the pain. The seat of this will generally be found in the lumbar region, especially if we can trace any uterine irregularity arising from any cause whatever. The second symptom is deformity. This may exist in various degrees, from being hardly noticeable to an extent simulating the worst form of lateral curvature; but, unlike that far more serious disease, the hysterical deformity can in a minute be reduced, although, when the pressure or manipulation necessary for this is removed, the deformity returns; yet for the moment it has vanished, and we have satisfied ourselves that there is no structural change.

These two symptoms will generally be found sufficient to determine the nature of the case, especially if our diagnosis be assisted by the existence of any of those morbid conditions of the emotional centres so well known and recognized in the phenomena of hysteria. The prognosis of hysterical spine is generally favorable, especially in younger cases. I have never seen a case under thirty that has not completely recovered, and I am of the opinion that such of the older cases which do not get well, are due to climacteric disease, and are better dealt with by the obstetrician than by the surgeon.

In the treatment of these cases, if there is anything like severe apparent deformity, nothing short of an instrument will do; but this should be of the lightest and simplest kind, for we do not want to exercise any force to overcome adverse muscular or fibrous contraction, but simply to support the spinal column, and supply the place, *pro tem.*, of those muscles, which have, as it were, "struck work," and remind them of their use and duty.

Our next valuable agent to the support, and in slight cases to be used without it, is cold water. There is generally an innate dislike in hysterical patients to this most valuable remedial power, but of all treatment this is the most reliable, acting, as it does, both on the superficial nerves, and also on the whole system, by means of shocks. The best way of applying is by the

douche, with as much force as the patient can bear; but if this is not available—and in very few private houses can it be efficiently carried out—then a large sponge and hip or sponge bath are all that is needful, the sponge being filled with cold water, and held at the back of the patient's neck, and slowly, *very* slowly squeezed, the water thereby being allowed to *trickle* down the spine. This, followed by a sharp friction with a glove of some soft texture at first (as hysterical patients cannot bear the coarser forms, for the first few weeks) tends very greatly to help the cure. This douching should be morning and night, care being taken that a good reaction sets in after each application. Two or three hours rest should follow on the rubbing. (This rubbing should be on a hard mattress, and without the support, if one be worn). Then five minutes trapeze-work, the trapeze being just high enough for the patient to swing clear of the ground. After this more repose, and afterwards a good walk of a mile or two out and home (according to the strength of the patient), without loitering. This *regime*, if regularly carried out, will be found all that is necessary in the way of external remedies.

As regards internal remedies, they are not of much use, except as influencing the mental state of the patient; but as a rule, the more disagreeable and nastier the mixture is the better, as it is a sort of inducement to the patient to exert herself in order to get better. I usually give a mixture of strychnine, valerian and sulphate of magnesia. Above all, good moral influence is the thing for these cases. Never, for your own credit's sake, treat a case at her own home, where there is at least one sympathizing relative, who, by his or her weak and injudicious pity and interference, defeats your best attempts at cure. Get the patient away from all friends, and place her with some gentle but firm woman who will carry out your orders with a conscientious, but kind, strictness, and who, while paying little heed to the hysterical cry, will at once relax any of the treatment that may, in the individual case, seem too severe.

CASE 1.—H. A., 24, a well-developed, florid-complexioned girl, complaining of pain in the back. In May last she had been told she had spinal disease, so sought advice. The examination revealed great tenderness on percussion over the whole length of



the spinal column, and a great amount of hyperæsthesia; she was unable to keep the spine straight by the exercise of her will for more than a few seconds, but swayed from side to side, and then dropped into a chair, if handy, but if not, on to the floor. The uterine functions were all wrong, dysmenorrhœa having existed for two years, and I learned that she was sometimes fifteen hours a day on her feet, in the vitiated atmosphere of a draper's shop. There was also marked globero-hysterical. The case was not severe enough to need a support, so she was treated by the trapeze and cold douche, and all but complete recumbency, with a mixture of Epsom salts and tinct. ferri perchlor. After two months she could stand firm and erect for any length of time and bear any amount of rubbing and tapping. She continued the cold bath every morning, and obtained a situation of less severity, and up to the present time has been quite free from her hysterical spine.

CASE 2.—A. D., 30, a widow of six months, had been nursing her husband through a long illness, and was very much broken down; sallow complexion, dark rim round her eyes, perfectly unable to sit up owing to the "giving-away" in her back. When supported by the hands placed in the axillæ the spine could be brought perfectly straight, but relapsed into a state of "limpness" on the support being removed. The pain was intense on slight pressure, and the cry produced most characteristic. The support was worn for three weeks before she could attempt the trapeze, but at the end of a month she could swing for an hour and *almost* enjoy it. The great difficulty in this case was the cold water, the shrieks and howls that it occasioned rendering it necessary to leave it off, and it occurred to me that a Chapman's spinal ice-bag might do as well if applied for one or two minutes daily. This I found perfectly successful, and after about ten days she was able to bear not only the cold sponge, but the friction afterwards. She had the stryeh. and valerian mixture, and in six months treatment in all, she perfectly recovered.

CASE 3.—H. S., 21, medium height, good development, and apparently good constitution, up to 18 never had bad health. Fell from third story at that age. and, according to her own description, fractured her skull, and was insensible for fifteen days. Ten days after recovering consciousness she lost the sense of

smell entirely. This continued for four months, when violent pain in the back began, the sense of smell being regained. This pain has existed until the present time, the slightest touch anywhere in the region of the spine produced a spasm almost tetanic. Could not raise herself from the couch. After determining it was a case of hysterical spine, I, with some difficulty, got her to submit to the cold douche, she bravely persevered, and after a month she could sit up, and we soon began the trapeze, and finally some walking exercise, and four months after the first cold bath she was quite well.—*Med. Press, Oct. 4.*

### CORYZA.

BY J. D. STONEROAD, M. D., MEADVILLE, PA.

At this season of the year the mucous membrane of the nose, pharynx, larynx, and bronchia, is more subject to diseases peculiar to each than at any other time, in consequence of atmospheric changes which have a greater tendency toward the respiratory track than any other part of the system. The most prevalent disease caused by atmospheric changes is coryza; and no age is exempt nor condition favored.

In simple acute coryza the physician is seldom called on for advice or treatment; but, in case he should be, it is all-important to be able to differentiate between acute coryza and some of the exanthematous eruptive fevers in general, and especially scarlatina, rubeola, etc., among children. All of the objective and subjective symptoms common to acute coryza may be the precursors of some other more serious difficulty, and they are so closely imitated that nothing but the proper and particular eruption will enable us to make a correct and positive diagnosis. It is of much more importance to be familiar with the symptoms of coryza in children than in adults, as it is the experience of every physician that he has to make up his diagnosis from what he sees and hears, rather than from any information he may receive from his patients, especially from infants.

The symptoms of acute coryza in children may be summarized thus: Skin hot, face flushed, pulse rapid. At first, the pituitary membrane is congested and inflamed; it is also preternaturally

dry. Subsequently, there is some difficulty in breathing, from the mere swelling of the mucous tissue to such a degree as to nearly occlude the whole passage. Frequent sneezing, watering of the eyes, sense of smell perverted: and finally, a mucous discharge from the nostril. The latter, at first, is clear and limpid, having acrid qualities, but sooner or later becomes thick and of a greenish color, and at last puriform in character.

In severe cases the inflammation extends into the frontal sinus from the superior meatus, occasioning excessive headache over the eyes and at the root of the nose; also into the nasal duct, thence to the conjunctiva. The puncta lachrymalia become closed, and an acrid epiphora takes place, with all of its attending consequences. The inflammatory action may also extend into the Eustachean tube, thence to the internal ear, producing pain and often internal otorrhœa. Trigeminal neuralgia is frequently a complication of acute coryza, as, it will be remembered, the fifth pair of cranial nerves send many filaments to the pituitary membrane.

These are some of the prominent symptoms that present themselves in acute coryza.

We will content ourselves with the foregoing, and not enter into a discussion on the pathology of the secretions in the second stage; or whence they come, or whether they originate in the moisture of expired breath—as some pathologists claim—which is not taken up by the absorbents, but simply penetrates the mucous membrane until it is saturated, and when exosmosis takes place discharge commences; or whether it comes from the entire mucous membrane: or, lastly, whether it comes from, or takes its origin in, the glands themselves. The practitioner has no time to wade through speculative pathology.

In the management of acute coryza special attention should be directed to the special facts that are the immediate cause. Some individuals will have an attack from varieties of heat and cold; some from moisture; others, again, will be seized on the inhalation of dust, vapors, and gases. Sometimes the air peculiar to rooms heated by furnaces will produce an attack of acute coryza. Whatever is found to endanger an attack should be scrupulously and rigorously avoided.

Simple, non-complicated acute coryza, except in children, is

not dangerous and requires but little treatment. The semi-chronic form, however, must be met with energetic and appropriate treatment, as will suggest itself to the mind of a well-informed physician. Aconite and Kali. jod. will be found to be indicated as the bases of medication in these cases oftener than any other preparations, and in the majority of cases we place most dependence on them. Strange to relate, a noted allopathic specialist in this and kindred diseases, recommends to his readers these drugs in preference to any other; and, what is still more strange, he tells them to exhibit them in very small doses: only one or two drops of aconite in four ounces of water—teaspoonful every three or four hours, and of the kali. jod. only one grain in every twenty-four hours. And in bad cases he recommends bichloride of mercury, U. S. P.—which is merc. mur. in our translation—in doses of the one hundred-and-twentieth part of a grain. Not bad homœopathy, to be done ignorantly, or, at least, not recognizing the law of similars. Sometimes, when we wish to lessen the hyperæmic or congested condition of the pituitary membrane, and thereby make a freer current of air, we order errhines, in the form of powders and by insufflation. When we administer them ourselves we do so with powder-blower. Errhines have the power to lessen the exudation of watery effusions into the cellular structure from over-congested blood-vessels, and give temporary relief, greatly to the comfort and satisfaction of the patient. But care must be taken to not produce an additional irritation by aggravation and cause more swelling—the very thing we are trying to avoid.

Chronic coryza is that with which the physician has most to encounter, and he may consider himself lucky if it is not of the ulcerous form. Chronic coryza is not, in our opinion, idiopathic, but the result of neglected or mal-treated acute coryza—except in strumous and syphilitic subjects. We have the same congested pituitary membrane, the same hypertrophy of the mucous and sub-mucous tissue covering the turbinated bones: the same secretions, augmented in quantity, sometimes limpid, but, as a rule, thick and adhesive, of a greenish, and sometimes a brown, color, and which, when pent-up, emit an offensive odor. Chronic coryza may also take on a dry form, and is remarkable for the dryness of the pituitary membrane. Patients sometimes

say they have no use for the handkerchief. If there are any secretions at all, they will form in a few dry crusts, attach to the nasal fossa, and are very hard to dislodge. We also find in dry coryza, oftener than in the humid form, an ophthalmic complication, arising from the closing-up of the nasal aperture of the nasal duct, and a thickening of its parietes. The result of this is a conjunctival ophthalmia with epiphora. We have often had patients present themselves for treatment of this ophthalmic trouble, and as often have they been surprised to learn that the origin of the difficulty is in their nose; and often have they had the impudence to say "they could n't see it," i. e.—they did not believe our statement. However, we have seen physicians who, to use a vulgar phrase, "could n't see it," either. We also find the inflammation, in this form of chronic coryza extending not only into the lachrymal passages, but also, as in acute, into the antrum of Highmore; also through the superior meatus into the frontal sinus, producing a most distressing and persistent headache, and frequently culminating in a general neuralgia of the head, to be remedied only by remedying the disease in the nose. In the humid form there is a hypertrophic condition of the mucous and cellular tissues, with nasal intonation; but in dry coryza there is nothing of this kind; nor is there any discomfort from breathing. There is rather an atrophic than hypertrophic process taking place. In one case that came under our notice the distal portion of the septum nasi was shortened by half an inch, and the turbinated bones were denuded of their sub-mucous tissue.

In the examination of a case of dry coryza with a probe, we find the mucous membrane indurated, and generally, though not always, to have a smooth and shining aspect; that of the humid character is soft and spongy.

Ulcerous coryza is an ulcerous condition of the tissues, generally at the middle and posterior portions of the nasal fossa, and appears to be an addendum to the humid form, arising from some particular diathesis in the subject. The three conditions in which it is found are anæmic, scrofulous, and syphilitic cachexia. One peculiarity and symptom of ulcerous coryza is the odor, which is very offensive and is exceedingly annoying to the patient, especially if it be a female, as well as to the operator who

has to treat the same. We have had, in our experience, occasion to open doors and windows on account of the odor, immediately on the departure of the patient. Sometimes the odor is not recognized by the patient himself, on account of the diminution of the sense of smell, and in some cases there is complete anosmia, so much so that the most pungent and sapid substances could not be differentiated.

Before leaving this part of my subject, I wish to put the reader on his guard: when a case of ulcerous coryza presents itself, having a very offensive odor, be on the look-out for syphilitic complications. There may be nothing visible to imply a complication, but make special inquiry into his former history, and note carefully the signs and symptoms that may be visible on other organs. If syphilitic complications are only suspected, do not let false modesty deter you from making the necessary examination. This *we* have learned to do, at the expense of time, patience, money, and reputation.

As regards differentiating between common ulcerous coryza and strumous, and between strumous and syphilitic coryza, the greatest care should be taken. To the superficial observer the ulcers themselves, as well as the secretions, resemble each other in form and consistency. The distinguishing features of the ulcers are these: the syphilitic ulcer is well defined on its margin, abrupt on its edges, and deep; whereas scrofulous ulcers are more shallow, and their somewhat-ragged edges extend superficially into the adjacent tissue. The common ulcer partakes rather of the strumous aspect. There is a natural tendency in the different forms of ulcers to imitate each other in appearance, under certain conditions and complications; therefore, these different aspects of ulcers are not laid down by us as infallible in every case, but are sufficient to put the examiner on his guard, and cause him to be on the alert for other concomitant symptoms to verify his suspicions, if he has any.

The ulcers are usually located in the lower meatus, at the distal borders of the turbinated bones, and can be seen anteriorly with the aid of an ordinary nasal speculum and sun-light. But when they are located at the middle or superior meatus, or involving both middle and superior, they cannot be seen without the aid of posterior rhinoscopy; and this requires considerable

dexterity, even in the hands of an experienced operator. The reflector is usually the same as used for laryngoscopy, the mirror being attached to the head of the operator so that both hands may be free to manipulate the tongue depressor and rhinoscopic mirror. In some cases, from the peculiar formation of the nasal fossa, we have not been able to make a satisfactory examination of the anterior nose by sun-light, and had to resort to the mirror and artificial light.

From the preceding, the reader can appreciate to what unfortunate results a wrong differential diagnosis would lead, in the different forms of ulcerous coryza and its accidental complications. Take an old-time physician, and some modern ones, too, who are not posted on the modern appliances and modes of examination, and who see nothing but a "catarrh"—as hinted in a former communication to the COUNSELOR—in every secretion from the nasal and naso-pharyngeal space, and see how he must necessarily fail in his diagnosis and treatment of the disease, concerning which he is laboring in the dark. If he is bold enough to pursue treatment he will fail; whereas, a physician who can make a correct diagnosis and assign the *role* of analogous or dissimilar conditions of the parts, would immediately put the patient under proper treatment.

The first step to be taken in the treatment of either dry, humid, or ulcerous coryza, is to thoroughly clear the nasal passages of all secretions and incrustations. There are two ways of doing this—a right and a wrong way. By means of the old-fashioned syringe and hydrostatic douche, the passage can be cleansed, and that perfectly; but more or less at the expense of injury to the patient. From the force and volume of liquid necessary in their use, there is a tendency to aggravate the inflammatory condition, and thereby increase rather than diminish the offensive secretions. They also induce headache and pain in the ears, accompanied with a crackling sensation. The latter is the result of particles of water entering the cavity of the tympanum, and should it by any means not be able to escape, will induce otitis interna and sub-acute aural catarrh. Cases are on record of the membrana tympani being lacerated by the forcible injecting of water into the nasal and naso-pharyngeal space.

I am convinced, from the frequent complications produced in

the internal ear, headache, and other unpleasant symptoms from syringing and douching, that such means of cleansing the parts should be abolished, and the instruments banished from our catalogue of weapons with which we fight this very troublesome and stubborn disease. Their use should certainly be restricted to that class of nasal diseases accompanied with odor and hardened, pent-up secretions that cannot be removed by any other means. In nine cases out of ten their use is not required, and even when required can be substituted by other means, viz: a coarse atomizer, which will not be so liable to be detrimental to the patient. The instrument we have found by experience to be the most serviceable and best adapted, is the Richardson Hard Rubber Atomizer. It has three attachments—one anterior, one superior-pharyngeal, and one post-nasal. Any other instrument acting on the same principle—i. e., a portion of the air making the spray is made to enter the container and act on the surface of the fluid—would be equally as serviceable. The solution we make general use of for detergent purposes is a modification of Dr. Dobel's, of London. ℞.—Boracis, sodii bicarb. aa. ʒ ii. : water, ʒ viii. If there is any offensive odor, we add acid carbol., liq. ℥ xxx. to xl., or salicylic acid, ʒ i. to ʒ ii. to the above. We have found the foregoing prescription to be the most active solvent for hardened and pent-up secretions we ever used. To be effectual, it should be used with a spray producer or atomizer, posteriorly as well as anteriorly, but no longer than is actually necessary.

The systemic treatment of the different forms of chronic coryza will depend on the sum total of all the objective, subjective, and pathological symptoms, at the time of prescribing. No routine prescribing will be admissible, and no particular line of treatment can be laid down. It will, however, be found that mercurius, in its different forms and potencies, will be called for more than any other one preparation, except in scrofulous cachexia, where it is not indicated as often as jod., kali jod., rhus tox., and sepia. In dry coryza, nitr. acid, muriat. acid, and arsenicum will be principally indicated. We have found, in suitable cases, local medication by insufflation to be beneficial. Powders of merc. dul., bism., arg. nitric, camph., cub., bell., and jodoform. Some of these powders can be used in the first decimal; others



must be used in such potencies as the best judgment will dictate from symptoms present, and from the pathological condition of the exposed surface.

We find from experience that local, combined with systemic, treatment, works well, and often to a better advantage than either alone. It must be remembered that in local treatment the same care and good judgment will be required to meet the pathological condition present with the proper remedy. If we fail in this, injury, instead of benefit, will be the result.

One word of advice to my young readers—old ones do not need it—that is: Never limit yourself to a day, week, or even a month of the time you expect to cure a case of chronic coryza of the simplest form; never promise a cure inside of two months in a case of simple, non-complicated coryza; in ulcerous, not less than three months, and, if complicated with scrofulous or syphilitic taint, give yourself from four to six months. If you make promises of a shorter time, you will fail in keeping your word, and thereby will lose the confidence of your patient. Impress on the mind of the patient the importance of time as an important factor in the case, and the punctuality and persistency of his own efforts in treating himself according to your prescription.

### CAUSES OF LATERAL CURVATURE OF THE SPINE.

No deformity of a child's body gives rise to so much alarm to parents, or is the subject of a greater diversity of treatment among medical men, as lateral curvature of the spine; and this is due, I believe, to an imperfect acquaintance with its origin. Specialists are accustomed to treat lateral curvature, knock-knee, and flat-foot as distinct deformities, while in truth they are all links in the chain of one deformity. Lateral curvature may arise in different ways, but in all cases it is due to the loss of the lateral balance of the body in the upright position, and is the result of an effort of nature to maintain the center of gravity of the body and support the head and shoulders in the position which require the least expenditure of muscular effort. The paralysis, wasting or loss of a limb, or the shortening of one of the legs by disease of joint, rickets, knock-knee, or flat-foot in growing chil-

dren, will produce lateral curvature, and these are its chief, if not its only, causes. It is not a deformity arising from general debility, and I do not think it can be produced, as is often asserted, by an awkward sitting position, as in writing and other school occupations. The curvature of the spine which results from these causes is antero-posterior, or what is commonly called round-shoulder (non-carious). The tendency of debility, whether local or general, is to bring the body into the prone or recumbent position, and not to tilt it on one side.

Setting aside the cases of lateral curvature in children who have been affected with rickets, disease of joints, paralysis or loss of a limb in early life, and which affects both sexes and all ages equally, what may be called the idiopathic or acquired deformity is rarely found in children of either sex under the age of nine or ten years, and very rarely in boys above that age. It is, indeed, almost peculiar to girls verging on puberty, and is as often found in strong and healthy as in weak and delicately built girls, and most commonly in those who are too fat and heavy for their stature and age. It is a deformity which is less common among the laboring classes than among the rich and well-to-do, and is largely associated with a life of indolence and luxury.—From "*Bodily Deformities in Girlhood*," by DR. CHARLES ROBERTS, in *Popular Science Monthly for January*.

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### CLINICAL CASES.

BY F. E. CALDWELL, M. D., BERGEN, N. Y.

#### A CAPSICUM CASE.

August 21, was called to see a lady in her second pregnancy. While pregnant before, she had suffered severely with heart-burn, and had found nothing that relieved her. She complained of a hot ball rising to her mouth, burning all the way just like fire; worse after undressing, and all night, preventing sleep, so that she has to sit up. At times she is troubled with hæmorrhoids, which burn and itch. Urine is scanty and high-colored, also at times profuse and frequent. Bowels regular. Otherwise the patient is healthy. Prescribed capsicum<sup>200</sup>, three powders, which relieved her within twenty-four hours.

## SEVERE WHOOPING-COUGH CASES.

CASE 1.—Boy, nine years of age. Cough hard and dry, barking like croup; paroxysms severe, and followed by bleeding at the nose. The child becomes very red in the face at times, vomits, and complains of headache; worse all through the night; appetite poor. R.—Bell.<sup>30</sup> gave quick relief to the severe coughing.

CASE 2.—Girl, seven years old. Cough hard and dry, long-lasting paroxysms; child gasping and getting very red in face; calls after, or runs for, a drink of water, which seems to relieve; cough worse at night, particularly towards morning. Cuprum met.<sup>200</sup> relieved almost entirely, so the nights were spent with comfort.

CASE 3.—Boy, seven months old. Cough loose and dry at times; much rattling and choking, causing vomiting; worse after midnight and from the least exposure to cold; even moving bed clothes slightly will cause a paroxysm. Hepar.<sup>30</sup> relieved this patient, and also a little sister five years old.

CASE 4.—Girl, seven years old. Cough dry, but there is much rattling, and the chest seems full of mucus. Child vomits frequently before a paroxysm and after it. I was told by the mother that the slightest thing would cause vomiting. Appetite poor, complains of headache, and has nosebleed at times; cough worse after midnight. Ipec.<sup>3</sup> relieved the vomiting immediately, and the child went through nicely.

CASE 5.—Boy, ten years old. Was taken with hard, dry, barking cough, accompanied with chill and high fever. Pulse 130, temperature 103 °; face flushed. Prescribed Bell.<sup>3</sup>. Called the next day, finding the child without fever and the cough loose, the patient, after every paroxysm, raising yellow phlegm, which was thick, very tenacious, and could be drawn into strings; tongue heavily coated, yellowish white; appetite poor; child, a perfect blonde, wished to be held all the time; was irritable, drowsy all day; cough worse all the night. Kali. bichr.<sup>6</sup> relieved promptly, and the child has done nicely since then.

CASE 6.—Boy, two years old. Cough loose, much rattling in the chest just before coughing, raises thick, yellowish mucus, very tenacious; difficult to wipe it from the lips; cough is worse when they first put the child to bed, and after midnight. Kali, bichr, relieved promptly.

CASE 7.—Girl, six years old. Parents told me she had whooping-cough two years ago, and did not think it could be it this time. Cough, dry, hard, barking, child getting very red in the face and grasping the nearest object to support herself during the paroxysm; worse nights; some nosebleed; otherwise well. Bell.\* relieved so the child went through it nicely.

## INJURIES OF THE HEAD.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

We live in an age of blind obedience to authority, certainly in matters of medical science; an age in which opinions are formed, or changed when once formed, with an apparent utter disregard to the teachings of our own experience. Unfortunately, the fashion of the day demands that we should consider everything from Germany "authority," until something different comes along from the same quarter. This is shown in the "book-notices" and so-called "reviews" that occur in our journals. Cohnheim announces a theory of inflammation, and no man dares disbelieve it; then comes Stricker with a totally different one, and, without any apology for forsaking Cohnheim, straightway we are commended to worship Stricker. This being a fact readily proved, we are prepared to find such a respectable journal as the *Annals of Anatomy and Surgery* preaching the doctrine of Bergman, as promulgated in a lecture on "Injuries of the Brain." A careful perusal of the translation—the original being an unknown tongue to the writer—has certainly failed to discover any substantial reason for such a radical change of view as the author commends, albeit the positions are taken with more than sufficient dogmatism. The two facts, symptomatic of what is known as compression of the brain, viz: slowness of the pulse and unconsciousness, are admitted; but it is sought to establish a different cause than compression, namely: a sudden extensive traumatic anæmia (ischæmia) of the brain.

It is stated that the brain will not submit to pressure; it "will burst;" and we rarely find lesions, *gross* lesions of the organ, after death, from what is known as compression. Yet, in a succeeding paragraph we are told that the compressing force drives the

blood out of the cerebral vessels, together with the cerebro spinal fluid, into the more capacious and distensible spinal canal, or into the interosseous blood channels of the skull. How were the many experiments conducted to support this? By injecting plaster or wax into the cranium of dogs, notwithstanding the fact that the brain completely fills its "box," and a foreign material can be introduced only by *forcing the fluids out of it*. It would seem as though a smatterer in physics would say that if the fluid is *forced* out of a porous body in which it is contained, it must be by compression and corresponding diminution in bulk. The long article, minute in all its details, only succeeds in explaining and strengthening the old doctrine of compression, notwithstanding the reviewer of the journal in question states that we must now give up our former theories. Why? Not because Bergman has *proved* their incorrectness, but, it would seem, because he has made an assertion to that effect—an assertion that all his experiments, we fear, have failed to sustain.

To be sure, many of the phenomena of compression are explained by the experiments referred to; thus: the insensibility may be referred to the disturbance of conduction from concussion; slow pulse, to more or less persistent paralysis of the vagus, etc.; but it is a simple explanation of well-known phenomena, and not, in any sense, a refutation of the former theories. In fact, our author distinctly states, that while grave lesions of the brain are rarely seen in autopsies, when the death has been due to compression, the brain is always found somewhat smaller than during life, from the loss of fluids. Hence, if there is no compression, in the sense that the brain is disorganized by such pressure, there is evidence that there has been sufficient to squeeze out the blood and cerebro-spinal fluid. In other words, we have learned *why* compression causes certain symptoms.

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### HUMANIZED VACCINE VIRUS VS. BOVINE VIRUS.

BY FRED. W. COOVER, M. D. VISITING PHYSICIAN, HARRISBURG HOSPITAL, PA.

Having had during the current year what has been to me a very interesting series of vaccinations, giving the opportunity, as it did, of comparing side by side humanized and bovine virus in a fair and unbiased manner, I have thought it might be profitable

to the readers of *The Medical Record* to have a few of the cases reported in full, allowing them in this way to draw their own conclusions. I have been using bovine virus quite extensively for a number of years with what I suppose would be called the average success. I have preferred it for a number of reasons; the only trouble that would occasionally be annoying being the extensive inflammation it would produce, followed by a large slough with from four to eight weeks of suppuration, ending in a few cases with an abscess in the axilla; but what is still more deplorable, the prejudice this occasioned against vaccination, the parents declaring that in the future it would be omitted, they preferring to take their chances of getting small-pox rather than have their children thus tortured. Parents, for this reason, are allowing their children to go unvaccinated, and the amount of mischief done by an indignant and gossiping parent by prejudicing persons against vaccination, to say the least, is incalculable.

Sunday, May 14, 1882, before breakfast, I was asked to call immediately at the house of Mr. S——. Without making any inquiry as to the nature of the case, but from its urgency supposing it to be obstetrical, I hurriedly dressed, and upon reaching the house, much to my surprise, was told the following story: The evening before, the father had been informed of the illness of his son Harry, aged 20 years, who was working in a neighboring town, nine miles away, and that during the night he had brought him home in a wagon, and also, from the eruption that was appearing on his face, he feared he was getting small-pox. After making inquiry as to his symptoms, and examining the eruption, I had no hesitation in making a diagnosis of small-pox, and advised his immediate removal to the small-pox hospital. Giving strict directions that there should be no intercourse between himself and the other children, the parents having had small-pox; the mother agreeing to act as nurse, I left for the purpose of securing vaccine matter and disinfectants, which having secured, I returned and vaccinated all members of the family, including the parents, using a whole quill on each person of what I had been assured was fresh bovine virus from a vaccine firm in an adjoining county. The abraiding of the skin and applying the virus was carefully performed, as I recognized the gravity of

the situation. There were four children: Will aged 17 years, Anna aged 15 years, Emma aged 11 years, and Elmer aged 7 years. The two oldest had faint marks of a former vaccination, the two youngest none at all. Harry was removed to the hospital where, under my care, he successfully passed through a severe attack of confluent small-pox. The bed-clothing was taken with him in the wagon, the house was thoroughly disinfected, and the room he occupied closed. May 24th, just ten days from the time of the eruption making its appearance on Harry, Will, the next oldest, went to bed with the characteristic prodromata of small-pox, which terminated in about a dozen papules. Four days later, Anna passed through a similar mild attack. The vaccinations having failed to take in all, I was anxious to revaccinate the two youngest; the parents, however, refusing to give permission, they were allowed to take their chances. Twelve days later, Emma was attacked with confluent small-pox, from which she recovered, the parents keeping her as well as the two former ones at home. There now remained but one more, Elmer, who, ten days later, was stricken with the confluent form, from which he died on July 25th, being the thirteenth day of his sickness. This family resided in the first of a row of three frame houses; the family living in the middle house sent their children away, while the occupants of the third remained, and were allowed by the family physician to go unvaccinated. August 1st, I was asked to see this family, numbering six persons, the physician in attendance being in doubt as to the meaning of the symptoms of which the mother, and son, aged 7 years, were complaining. The mother developed the worst case of confluent small-pox that I have ever met with, the son's being semi-confluent; both, however, fortunately recovering. The same day I vaccinated the remainder of the family with what I considered reliable humanized virus. The father and oldest daughter had been vaccinated a number of years before, while the two youngest, aged 17 and 15 years, had never been. Both cases of small-pox were treated in the house, and the whole family were necessarily exposed to the contagion. But how different and gratifying the result of my vaccinations in this instance compared to those before narrated. They all, with the exception of the oldest daughter, got very sore arms, the father in particular complaining a great deal of

his, though in constant attendance upon his wife, and what was so very satisfactory, the complete arrest of further spreading of the contagion, as I had no more cases to treat in that family.

I offer no comments, but my plan of vaccinating since this experience has undergone a change. I now, when called to a family where small-pox has developed, use bovine virus on one arm and humanized on the other, feeling satisfied that only in this way can I discharge my whole duty and give them every possible advantage of avoiding the disease; and I may add that, in every instance when this plan has been carried out, I have been able to prevent any new cases from developing.—*Medical Record.*

#### A HEAVY BRAIN.

The chief interest in this case lies in the great weight of the brain, and its high specific gravity, in relation to the highly gifted intellectual power exhibited by the individual during life. As this brain weighed very nearly 60 ounces, it exceeds that of all others usually quoted, with the exception only of Cuvier's, which weighed  $64\frac{1}{2}$  ounces, and that of Dr. Abercrombie, which weighed 63 ounces. Sir J. Y. Simpson's brain weighed 54 ounces, and that of Agassiz 53.4 ounces. It is well known that the average weight of the adult male brain is under 50 ounces. The specific gravity of the brain I examined was 1.049, and this is as high as any recorded. From Prof. Aitkin's work I find that the average specific gravity of the brain is 1.036, and the highest specific gravity of the densest part of a brain ever taken by Prof. Aitkin, or any one else, I believe, is 1.049.

The weight of the brain in this case was, in the first instance, taken by the orderly corporal in charge of our microscope room, and recorded by him on the blackboard in the mortuary. I immediately verified its accuracy by weighing the organ myself, and I also verified the correctness of the weighing-machine. The specific gravity was taken very carefully. Surgeon-Major Hogg, Army Medical Department, was present at the time.

The average cranial capacity of the adult male head is, I believe, about 90 cubic inches. Cuvier's is reported to have been about 118. In the case which I now record it must have been about 108.—*From "Brain-Weight and Brain-Power."* by DR. J. P. H. BOILEAU, in *Popular Science Monthly for December.*



## THE LIBRARY.

DOCTOR BURNETT'S ESSAYS, Containing *Ecce Medicus, Natrum Muriaticum, Gold, Causes of Cataract, Curability of Cataract, Diseases of the Veins, Supersalinity of the Blood.*--Boericke and Tafel. Publishers. pp. 296. Price \$2.50.

The essays of Dr. Burnett, published at various times during the last three or four years, abound in ripe scholarship, thoroughness of research and closeness of observation; they have been read with the greatest of interest by the members of the Homœopathic profession everywhere, and deserve a conspicuous place in every medical library.

Messrs. Boericke and Tafel deserve the thanks of American homœopaths for gathering these scattered essays into one handsome volume, and for selling it at a price which places them within the reach of every body.

THE PHARMACOPEIA OF THE UNITED STATES OF AMERICA. Sixth Decennial Revision. By authority of the National Convention for Revising the Pharmacopœia, held at Washington, A. D. 1880. New York: William Wood & Company; 1882.

The above very important publication differs greatly from former editions of the same work. The following constitute the most noteworthy features of the edition of 1882: All the articles are arranged in continuous alphabetical order; the formulæ for the preparation of the single members of each class are made complete in themselves; the descriptions of crude drugs are unusually complete; the chemical formulæ are given both according to the new and old notations; all measures of capacity are abandoned, and quantities are expressed in parts by weight; temperature is expressed in degrees of Fahrenheit and of centigrade; a uniform method for taking the specific gravity of liquids is given; all doses are omitted; and there is attached to the pharmacopœia a long list of different tables, many of them of the utmost importance.

The changes made in the strength of many preparations must necessarily lead to some confusion, but will eventually prove a great convenience.

A valuable feature of the new edition consists of the various tests given to determine the purity of chemicals and the absence of adulterants.

The following extract from the preface of the Committee of Revision and Publication gives the principles upon which the nomenclature has been revised:

"1. The officinal Latin title of a vegetable drug is to be the botanical genus-name. A few titles were excepted from this rule, being those of old and well-known drugs, as *Belladonna, Frangula, Ipecacuanha, Pulsatilla, Senna, Stramonium*, etc.

"2. The officinal Latin title, selected according to the preceding rule, is to denote, or stand for, the *part* of the plant directed to be used, provided only *one part* of the plant is officinal. Examples: *Aconitum*, to stand for Aconite Root; *Contum*, for Conium Seed; *Hyoscyamus*, for Hyoscyamus Leaves, etc. But, if more than *one part* is in use, the part is to be specially mentioned in the title. Examples: *Belladonna Folia; Belladonna Radix; Stramonii Folia; Stramonii Semen*.

"3. The officinal English titles are to be the scientific, botanical (genus or species) names, rather than the vernacular names; except in the case of those drugs where the vernacular names are derived from and are still almost identical with the scientific names, or where long custom has sanctioned some other names.

"4. The titles of compound medicines are to express their composition, or indicate their constituents, rather than their properties. In a few instances this rule is departed from, as it was deemed unwise to alter the titles of several well-known compounds, *e. g.* *Collodium Flexile*, *Pilule Cathartice Compositæ*.

"5. The Latin names of alkaloids have been made to terminate in—*ina*, and the corresponding English names in—*ine*: the latter termination being at present preferred, in modern chemical language, to the termination—*ia*. The so-called neutral principles have received the termination—*inum*, English—*in*. Examples: (*Alkaloids*) Morphina, Morphine; Quinina, Quinine. (*Neutral Principles*) *Picrotoxinum*, *Picrotoxin*; *Santoninum*, *Santonin*.

"6. The gender of the Latin nouns of salts in—*as* and—*is* has been changed back to the masculine gender, it having been shown that the alteration to the feminine gender, made in the Revision of 1860, was based on error.

"7. A number of special alterations in nomenclature are made for reasons carefully considered in every case. Examples: *Alumen* to denote the Sulphate of Aluminium and Potassium, instead of the Sulphate of Aluminium and Ammonium; *Chirata*, *Asafœtida*, *Cambogia*, for Chiretta, Assafœtida, Gambogia. *Lupulinum*, *Glycerinum*, *Pyroxylinum*, for Lupulina, Glycerina, Pyroxylon; *Massa*, for Pilula (in the sense of pill-mass); *Sulphidum*, for Sulphuretum; *Manganum*, for Manganese; *Bromum*, *Chlorum*, and *Iodum*, for Brominium, Chlorinium, and Iodinium, etc.

"8. In the typographical arrangement and spelling of systematic, botanical terms, the rules of the International Botanical Congress (Paris, 1867) are adopted, so far as they can be applied. Accordingly, the species-names are printed with a small initial letter (even if derived from geographical names), *except* when the species-name had, at any previous time, itself been a genus-name, *e. g.* *Datura Stramonium*; *Rhamnus Frangula*; *Solanum Dulcamara*; or when the species name is derived from the name of a person, as *Strychnos Ignatii*, or *Artemisia*, etc., var. *Stechmunniana* (under *Santonica*); or when it is an indeclinable word, *Exogonium Purga*; *Acacia Verek*; *Erythroxylinum Coca*. Genus and species names are in different type from the name of the author, which follows the former without interpunction; authors' names, however, are not abbreviated, as is the rule in botanical works, but are printed in full."

Among the substances added, we recognize the familiar names of bryonia, pulsatilla, thuja, viola tricolor, hepar sulphur calc., and other drugs heretofore confined to the pharmacopœia homœopathica.

TRANSACTIONS OF THE THIRTY-FIFTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Held at Indianapolis, Ind., June 14, 15, 16, 17; 1882. Thirty-ninth Anniversary, Pittsburg: 1882.

The published transactions for 1882 forms an imposing volume of over eight hundred pages, filled with reports, papers and essays, many of them being of permanent value.

The book is handsomely printed, well bound, and contains a fine steel-engraving of Dr. Wm. L. Breyfogle. The freedom from typographical errors and the promptness with which the "Transactions" passed through the press, speak loud in praise of the energetic officers who had charge of the work.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Eighteenth Annual Session: 1882. Pittsburg: 1882 pp. 355.

TRANSACTIONS OF THE MINNESOTA STATE HOMŒOPATHIC INSTITUTE. 1867 to 1882: Minneapolis, 1882, pp. 223.

The Pennsylvania State Society is famous for the amount and quality of the work done by its members, and its published transactions are always full of

contributions of a very high order of merit. The volume just issued compares favorably with its predecessors, and we can hardly pay a higher compliment than this to our Pennsylvania friends.

The volume published by the Minnesota State Society comprises the entire history of Homeopathy in the state, and is of great value historically. The contents are varied, and from their uniformity of excellence furnish ample proof that it lies within the power of the Minnesota Homœopaths to take, and to maintain, a place well toward the front among kindred associations.

Both volumes are gotten-up in the best of shape, and would have extensive sale if physicians generally realized the great practical value of these publications.

#### RECEIVED.

#### THE POPULAR SCIENCE MONTHLY. VOLUME XXII.

This magazine draws from the intellectual sources of all nations, and is now recognized as the most successful scientific periodical in the world.

Appealing to no one class, it is patronized by intelligent readers of every class all over the country. It is widely taken by the cultivators of science in all branches, and by physicians, engineers, scientific farmers, and those pursuing the mechanical and manufacturing arts. Thoughtful clergymen find it indispensable, and are extensively enumerated among its subscribers. Teachers, finding its discussions of the scientific principles of education invaluable, are among its most liberal supporters. It has a large clientage among the lawyers, and it is not easy to find an honest and independent student of politics that does not read it.

The reason of this is, that our best minds are getting tired of the shallow frivolities of sensational literature, and demand a magazine that elevates the standard of popular reading in this country. Science is the great agency of improvement in this age, private and public, individual, social, professional, and industrial. In its irresistible progress it touches everywhere, and affects everybody. It gives law to the material interests of the community, and modifies its ideas, opinions, and beliefs, so that all have an interest in being informed of its advancement. Those, therefore, who desire to know what is going on in the world of thought in these stirring times, when new knowledge is rapidly extending, and old errors are giving way, will find that they can only keep informed by subscribing for *The Popular Science Monthly*. Terms: \$5.00 per annum, or 50 cents a number; cloth covers for the volumes, 50 cents each. The volumes begin with May and November of each year; subscriptions may begin at any time.

#### MEDICAL MEMORANDA.

Dr. J. D. Stoneroad, of Meadville, Pa., so we learn from the local daily papers, is doing some excellent work in his specialty, and doing some nasal surgery which does great credit to him.

Dr. Chas. E. Blumenthal retires from the editorship of the *American Homœopath* with the December issue of that journal. His successor is not yet announced.

H. D. Baldwin, M. D., removed from Montrose, Pa., to 130 James street, Syracuse, N. Y.

*Wanted.*—Copies of THE MEDICAL COUNSELOR, No. 77. Will pay 25 cents cash per copy.

*For Sale.*—A perpetual scholarship in Hahnemann Medical College, of Chicago.

HORSFORD'S ACID PHOSPHATE.—*For Atony of Stomach, and Epilepsy.*—Dr. A. L. Turner, head physician Bloomsburg Sanitarium, Philadelphia, Pa., says: "I consider Horsford's Acid Phosphate one of the finest preparations we have. I have used it in my own case, Atony of Stomach, with success, and have prescribed it in several hundred cases of epilepsy, always with good results. As an adjunct to the recuperative powers of the nervous system, I know of nothing equal to it."

# THE MEDICAL COUNSELOR

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

H. R. ARNDT, M. D.,

EDITOR.

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No. 83.

## ANGINA PECTORIS.\*

BY H. BEERNARD, M. D., OF MONS, BELGIUM.

"The experience of others is oftentimes of more advantage to us than our own, even in the cases where we have had the best opportunities for observation."—ZIMMERMAN: *Traité de l'Experience.*

A CRITIQUE UPON THE PREVAILING THEORIES RELATIVE TO ITS  
GENESIS; WHAT IS THE TRUTH FROM THE HOMEO-  
PATHIC POINT OF VIEW?

ETIOLOGY—SYMPTOMATOLOGY—HOMEOPATHIC TREATMENT—  
THE CHARACTERISTICS OF THE REMEDIES WHICH  
ARE MOST SERVICEABLE.

These are the terms of the question presented by the society,  
to which we shall attempt a reply.

SYNONYMS, DEFINITION, NATURE AND GENESIS.

SYNONYMS<sup>1</sup>.

*Sternalgie*, Baumes; *sternocardie*, Brera; *neuralgies du cœur*, Laennec; *cardialgie*, (Fr.); *angina pectoris*; *sternodynïa-synco-  
palis*, Sluis; *asthenia pectoralis*, Young; *cardiognmus cordis sin-  
istri*, Sauvages; *suspirium*, Senecque; *asthma arthriticum*,  
Schmidt; *asthma convulsivum*, Elsner; *syncope anginosa*, Parry;  
*asthma dolorificum*, Darwin; *angor pectoris*, J. Frank; *pnigopho-  
bia* (*pnigos*, suffocation, *phobos*, fear), Swediaur; *asthma spastico-  
arthriticum*, Stæller (Lat.); *angina dipetto*, *sternalgia* (Ital.); *suffo-  
cative breastpang*, *diaphragmatic gout*, (Eng.); *brustbrauene*, *herz-  
klemme*, *brustklemme* (Germ.).

\*Presented to the Hahnemannian Society, of Madrid, Spain, session of 1881-2. Translated from *El Criterio Medico* and *Revue Homœop. Belge*, by T. M. Strong, M. D., Allegheny, Pa.

1. Compendium, tome 1, de Monneret et Fleury, p. 112.

CHRONOLOGICAL ORDER OF SYNONYMS.—*Cardiognus cordis sinistri*, Sauvages, 1763. *Maladie nouvelle*, observed by Rougnon, 1768. *Angina pectoris*, Heberden, 1772 (according to John Forbes in the *Cyclopædia*, and other English authors, Heberden described it first in 1768). Die Brustbrauene, Elsner, 1780. *Diaphragmatic gout*, Butter, 1791. *Asthma arthriticum*, Schmidt, 1795. *Syncope anginosa*, Parry, 1799. *Angina pectoris*, Ch. Hesse, 1801. *Asthma dolorificum*, Darwin. *Sternodynia syn-copalis*, Sluis, 1802. *Asthma spastico-arthriticum inconstans*, Stæller, 1803. *Suspirium cardiacum*, Stephen, 1804. *Sternalgie*, Baumes, 1806. *Sternocardia*, Brera, 1810. *Angine de poi-trine*, Desportes, 1811. *Pnigophobia*, Swediaur, 1812. *Angor pectoris*, Chreczonowicz, 1812.

Dr. Renaudin<sup>1</sup> improperly calls this affection *bronchial angina*.

Other names have been given also to this affection<sup>2</sup>: *Apnœa cardiaca* (Richardson); *neuralgia cardiaca*, *Hyperæsthesia plexus cardiaci* (Romberg). Herzbrauene (Ullersperger).

#### DEFINITION.

We think the definition given in the compendium<sup>3</sup> is the best:

“*Angina pectoris* is characterized by a very painful and tearing-like constriction, located, as a rule, toward the lower part of the sternum, and is aggravated or produced by exercise. The pain is accompanied with an embarrassed respiration and with a sense of anguish as though death must be at hand; later, and after resting, all this formidable array of symptoms disappears, and the patient appears well. This succinct description is the best definition which we can give of a disease whose true point of departure is as yet unknown.”

Valleix<sup>4</sup> says: “*Angina pectoris* is an affection characterized by a violent and sudden pain, having its seat at the lower part of the sternal region, oftentimes extending to the neck and arms, and occasions so great a sense of anguish that the patients are compelled to stop all motion and remain completely immobile until the pain has ceased.”

1. V. Le Dict. des Sciences Med. edite par Pancoucke, 1812.
2. Jaccoud, Traite de Path. int. 1, 806 (1877).
3. Loc. cit., 1, 112.
4. Guide du Med. Prac., Racle et Lorain. 4e edit., III, 254. Paris, 1860.

Grisolle' says: "Angina pectoris is an apyretic affection, returning in paroxysms which are characterized by a severe laminating pain, seated at the lower part of the sternum, radiating towards the neck, sometimes into the left arm, accompanied with painful respiration and a feeling of constriction and indescribable anguish."

#### NATURE AND GENESIS.

We may range the opinions of various authors in four groups:

1. That angina pectoris is a simple neurosis, a disease *sine materia*.

2. That while the disease may be at times idiopathic, it is more frequently symptomatic, especially of an affection of the heart or large vessels.

3. That this disease is always symptomatic of cardiaco-vascular pathological alterations.

4. That a near cause of angina pectoris is found in the pathological disorders outside of the circulatory system properly so-called.

This latter opinion is only of value in a historic point of view. We would, however, say a word, if only for the purpose of clearing the ground, and we will commence with this opinion:

1. In Italy, Brera, Zecchinelli, and Averardi, assign the cause of angina pectoris to the pressure upon the precordial region by the abdominal viscera, and notably by the liver. It is difficult for us to conceive how the symptoms could be produced in an intermittent manner, while the pressure of the liver upon the diaphragm and upon the heart is always the same. Again, the symptoms of angina pectoris are rarely present in hypertrophy of the liver, and if severe pains in the chest and arms are sometimes present, they are not accompanied by the other phenomena characteristic of angina.

Rougnon thought that the ossification of the cartilages of the ribs, which he found upon the cadavre of a patient who had been a sufferer from this affection, was sufficient to produce these symptoms. (Lettre a Lorry sur une maladie nouvelle. Besancon, 1768.) This opinion has been held also by Baume. We would reply that in eleven autopsies practised by Jurine, ossifi-

1. *Traite element. et pratique de Pathol. interne.* 7e edit., II, 614.

cation of the cartilages was present in only five cases. Again, while this condition of the cartilages is almost constant in old people, it is not accompanied with angina pectoris.

We quote also the singular assertion by Dr. Selle, adopted by Reille and Renaudin<sup>1</sup>: "Angina pectoris is an inflammation of the bronchi, characterized by laminating pains in the thorax, difficult respiration, hard pulse, painful cough, expectoration tinged with blood, and a cephalalgia more or less intense (Rudino. pyretol. meth., p. 125)."

Renaudin writes: "The English physicians have created, unnecessarily, a disease which they consider new, and which, according to our opinion, is only symptomatic of an organic affection of some one of the viscera of the thorax, or consists only of paroxysms of convulsive asthma, in a spasm of the diaphragm or of the lungs, or in the location of an abnormal gout upon the breast, and, consequently, in a dyspnoea, more or less painful, symptomatic or sympathetic."

Other physicians have considered angina as symptomatic of certain lesions of the cervical cord or its envelopes, but without plausible demonstration (Francois, de Louvain, *Cours inedit de pathol. interne*).

II. According to the opinion of many physicians, angina pectoris will be always symptomatic of cardiaco-vascular alterations.

This opinion has prevailed for a long time, almost to the exclusion of all other theories, in England, Germany, and Italy. It has had, also, defenders in France:—Andrial, Rostan, and Bouillaud.

Jenner, following Jurine<sup>2</sup>, and Wall, according to others, were the first who regarded ossification of the coronary arteries of the heart as the cause of angina pectoris. Attention has been directed for some time to this ossification, due to a work of Crellius inserted in the collection of Haller<sup>3</sup>.

According to the partisans of ossification, the coronary arteries become rigid and resist the adequate dilatation of the heart, when a stimulus, such as walking or a moral emotion, causes an increased flow or a retention of the blood.

- 
1. V. Dict. des Sciences Med., edite par Pancoucke.
  2. Memoire sur l' angine de poitrine. Paris 1815.
  3. De arteria coronaria instar ossis indurata observatio.





III. Others differ very materially in their opinions from those already mentioned, and consider angina pectoris to be a *neurosis*.

Heberden and McBride were the first to advance the idea that the trouble was of a spasmodic nature, but they did not fix its location nor discuss its diagnosis, except in a more or less probable manner. They founded their opinion upon the variation in the organic lesions and the intermittency of the symptoms.

Darwin<sup>1</sup>, who described this disease under the name of *painful asthma*, ascribed the cause to a contraction of the muscles of the breast and diaphragm; if a muscle which has no antagonistic fibres be attacked with a violent and painful spasm, death may result.

Desportes and Jurine ascribe angina pectoris to a nervous affection of the lung which impedes the functions of this organ. To Desportes belongs the honor, according to the authors of the *Compendium*, of having first developed this theory, obtained from the idea expressed first in the memoirs of Fothergill; this English physician, according to some authors, had asserted that the tract followed by the pain was that of the pneumogastric.<sup>2</sup>

Be this as it may, Desportes was one of the first, by means of very ingenious considerations, to see the relations which connected angina pectoris with the nervous affections known by the name of neuralgias. The onset resembles that which exists in connection with the form and intensity of the neuralgic pains, and the manner like the pain characteristic of angina pectoris; both conditions correspond to the track of the nerves and their ramifications; the disease may extend to the cardiac plexus, and from this latter circumstance we are able to explain the lesions of the heart and the sudden deaths which sometimes occur.

Jurine says: "The essential cause of angina pectoris depends upon an affection of the pulmonary nerves, which interferes with the proper functional exercise of the lungs, alters the oxygenation of the blood, and produces the attacks of sternal pain. The angina is not observed in subjects whose lungs are weakened by age, or who have a constitution favorable for the development of lung troubles. The morbid disposition of the pneumogastric

1. Zoonomia, iv, 42.

2. Baumes had made, in a more or less vague manner, a similar assertion.

nerves may in time be communicated to the cardiac plexus, and secondarily to the heart and its vessels. The incomplete oxygenation of the blood, by diminishing the stimulation of the lungs and heart, favors the attacks, until by the long-continued failure of the stimulus the organs themselves are affected, and consequently the brain."

Laennec<sup>1</sup> has given a similar opinion. He believes that the seat of the angina may vary, and that it is not always in the pneumogastric. According to this author, these nerves are more especially affected when there is at the same time pain in the heart and lungs. When, on the contrary, there exists a simple sensation of depression about the heart, we may reasonably suppose that the seat of the trouble is in the filaments which this organ receives from the great sympathetic. The nerves of these two viscera are not the only ones affected; those of the brachial plexus, and especially the cubital, the anterior thoracic, more properly the superficial cervical plexus, participating either from sympathy or by anastomoses with the principal nerve affected.

Valleix<sup>2</sup> considers angina pectoris as a neurosis since, by its characteristics, it resembles neuralgia, and for this reason many authors have placed it among the *anomalous neuralgias*.

Valleix also adds: "Where is the seat of this malady?" We ought to place it, according to Laennec and Lartigue, in the *cardiac nerves*; but before this assertion can be considered incontrovertible, it will be necessary to institute a further series of observations, and in greater detail than those already given. The disease attacks, either at the same time or successively, the pneumogastric nerves, the cervical or intercostal nerves; it may be, at times, a union of many nervous affections (abnormal neuralgia of the cardiac and pneumogastric nerves or the cervico-brachial and dorso-intercostal nerves). This is the way in which the disease ought to be viewed in the present state of medical science. In regard to the complications found in the heart and aorta, they ought to be regarded as predisposing or exciting causes since they are not essential to the disease.

Dr. Piorry (Bulletin clin.) in 1836, wrote as follows: "The disease known as angina pectoris does not depend generally upon

1. Traite de l'auscultation, chap. xxiv.

2. Loc. cit., III, 258.

an affection of the heart. Nevertheless, there may be observed in some cases a neuralgic condition, united with an organic lesion. As a rule the symptoms constituting this disease consist of a neuralgia of the thoracic, brachio-plexal and cubital nerves."

Grisolle<sup>1</sup> does not admit this conclusion. "When we consider the gravity of the symptoms we cannot doubt that in angina pectoris the neuralgia is seated in the cardiac nerves."

Hardy and Behier<sup>2</sup> write as follows: "We think angina pectoris ought to be classed among the neuroses, that is to say, among the diseases which can exist without an appreciable organic lesion. The pain being the prominent symptom, this disease may be called a painful neurosis, and its probable seat, according to the opinions of Desportes, Jurine and Laennec, is in the cardiac plexus and the pulmonary and thoracic nerves. Is it a neuralgia, pure and simple, as Laennec affirms? We do not think it is; we rather believe it to be, as Dr. Piorry has said, a neuralgia of the external nerves of the breast and arms; there are complicating symptoms with this disease; there is a sensation of constriction and suffocation, a marked alteration of the respiration, which indicates a disease more complex than a neuralgia. While we would assign angina pectoris among the neuralgias, we would do it with some reservation, and would consider it rather a painful neurosis than a simple neuralgia."

Prof. Francois, of Louvain, has shown clearly the neuropathic nature of angina pectoris.

The opinion of the celebrated Trousseau is strikingly original. We quote his opinion in the following paragraph, but we make an exception to it: "Angina pectoris is nearly always," he says,<sup>3</sup> "a neurosis symptomatic of an affection of the heart and large vessels; but it is frequently a simple neurosis, a true epileptiform neuralgia;<sup>4</sup> it is a form of epileptic vertigo, and some who have suffered from attacks of angina pectoris have had later paroxysms of epilepsy."

Romberg, according to Niemeyer,<sup>5</sup> considers angina pectoris

1. Loc. cit.
2. *Traite elementaire de Pathologie interne*, III, 734.
3. *Clinique Medicale*.
4. Until this point we agree with the writer; but the assertion which follows appears to us unfounded. At least we have never seen anything to confirm it.
5. *Elements de pathol. interne*. 3e edit. francais (G. Cornil). Paris, 1873

as a hyperæsthesia of the cardiac plexus; Bamberger, as a hyperkinesia with hyperæsthesia. They consider the cardiac plexus to be the point of departure of the paroxysms of pain; but this is nothing more than an hypothesis. In all the cases, the pain which appears in this "cardiac neuralgia" spreads with great intensity over the brachial plexus.

In the *Lehrbuch der homœopatischen Therapie*, we have:<sup>1</sup>

"The nature of stenocardia is not yet clearly known. This disease appears, however, according to Nothnagel, to consist essentially of a spasm of the arterial circulatory system, producing a narrowing of the vessels, and thus increasing the tension of the heart. The results of investigations by Nothnagel show that stimulation of the great sympathetic produces a circulatory spasm of this kind, accompanied with all the symptoms of angina pectoris. According to recent investigations (Landois, and others), stenocardia is a *neurosis of the nerves which are in relation with the heart*, and, consequently, of the ganglia which are seated in the muscles of the heart (automatic cardiac nervous system), of the nervous system of suspension of the heart (vagus nerve), of the afferent nerves to the great sympathetic, augmenting the cardiac activity of the fibres of the cardiac plexus; and, finally, of the vaso-motor fibres of the sympathetic nerve."

IV. The fourth opinion in regard to the nature of angina pectoris, the exposition of which we have reserved until the present, considers it as sometimes idiopathic, but more frequently symptomatic, especially of a disease of the heart or great vessels.

Jaccoud<sup>2</sup> says: "Cardiac neuralgia, to which Heberden gave the name of angina pectoris, has as the main symptoms a precordial pain with more or less numerous radiations, and a diminution of the action of the heart. Experimentation is mute concerning the origin of the first of these symptoms, but allows us to ascribe the second to the pneumogastric; centrifugal excitation of the vagus nerve causes a diminution and irregularity of the movement of the heart. Ascribing, for the present, the pain to the cardiac nerves, angina pectoris ought to be considered as a neuralgia of the cardiac branches of the vagus nerve; this hyperæsthesia gives a satisfactory explanation of the clinical manifes-

1. Leipzig, Willmar Schwabe, 1878.

2. Loc. cit.

tations. There is a fact which appears irreconcilable with the pathogenetic interpretation, and that is the acceleration of the heart's action, verified in various cases. The value of the objection is not absolute; the suspensive action of the pneumogastric is subject to exhaustion like all nervous actions, and experiments (Wagner, Ludwig, Bidder) have shown that the act of exhaustion is characterized by an abnormal rapidity of the action of the heart. Thus, like all neuralgias, angina pectoris is primary (essential) or secondary (symptomatic). In the former, which is *the most rare*, the hyperæsthesia is spontaneous, or, rather, a result of an intrinsic alteration of the cardiac nerves, (an observation of Lancereaux); in the latter form the hyperæsthesia is provoked by a pre-existing pathological state."

A careful study of the cases of angina pectoris which are encountered in the clinic, says M. Jousset,<sup>1</sup> shows that the greater number of cases may be ascribed to a cardo-aortitis. A smaller number of cases are observed in connection with acute pericarditis<sup>2</sup> and in the course of acute articular rheumatism<sup>3</sup>. A third series of facts are observed in the gouty and hæmorrhoidal diatheses; nevertheless, an examination during life or after death will detect a cardiac or aortic lesion. Finally, a few observations have pointed to angina pectoris independent of any other disease; but this last division should be accepted with some allowance.

M. Peter (loc. cit.) has made, within the last few years, a series of observations in regard to angina pectoris, which have brought out more clearly the pathological anatomy of this disease and the physiological analysis of its symptoms. This writer has been able, by different autopsies, to verify, that in the cases of angina pectoris, connected with chronic aortitis, the inflammation of the inner membrane of the aorta extends to the external membrane, and thence to the pericardium, and that the cardiac plexus and the phrenic nerves themselves are involved in a severe inflammation. A microscopic examination has shown also that these nerves were attacked by the inflammatory onset, and assumed a form of sclerosis, and that an excessive proliferation

1. L'Art Medical, 38, 476.

2. Michel Peter, Lecons de clinique medicale. Paris, 1873.

27. Vignier. These Inaugurale, 1873.

of the neuralemma produced a strangulation of the nerve fibre and its granular degeneration.

The discovery of M. Peter is not only a valuable acquisition to pathological anatomy, but also a marked advance in the data bearing on the physiological analysis of angina pectoris.

The explanation of the symptoms of this disease by reference to an irritation of the pneumogastric, as put forth by Jaccoud, and adopted by Desportes and Laennec, is clearly too restricted. Excitation of the pneumogastric explains the diminution of the pulse, as also the action of the heart, the imminent syncope, the dyspnoea, the laryngismus and the gastric phenomena, by an extension of the excitation to all its branches. We can also comprehend from this the influence which over-eating has in the reproduction of the paroxysms. But this theory does not explain the irradiation of the pains, nor the state of depression or imminent death so characteristic of angina pectoris. M. Peter also says that the anastomosis of the phrenic nerve with the cervical and brachial plexus, explains satisfactorily the irradiations of pain to the neck, shoulder, and arms, and that the possibility of the inflammation of the right phrenic nerve explains those cases in which the pain occupies the right arm. A knowledge of the lesion of the phrenic nerve gives two new signs: pain at the costal insertions of the diaphragm, and pain on pressure forward of the scalmi muscles. This author adds, and with reason, that the lesion of the phrenic nerve explains the dyspnoea through want of contraction of the diaphragm. A lesion of the sympathetic filaments of the cardiac plexus explains the pallor, the chill, and the depression of force which accompany certain attacks of angina pectoris. From these same investigations we find that in angina connected with inflammation of the cardiac plexus we will have pain on pressure in the third intercostal space of the left side. The signs of chronic aortitis ought to be investigated with care; these are a dry and increased sound, a bellows sound, and principally an increase in the aortic dulness. (This surface is normally three and a half to four centimetres in women, and four to five and a half in men.)

En resume, the symptoms of angina pectoris presuppose a functional alteration of the phrenic nerves, the pneumogastric and the sympathetic filaments of the cardiac plexus. In the

cases of aortitis and pericarditis, this functional alteration is converted into an inflammatory lesion, a *neuritis*; in the absence of these conditions we have a *neuralgia*. The latter, rarely idiopathic, may be referred generally to gout or rheumatism.

We think we are justified in lengthening this section which refers to the nature and genesis of angina pectoris. By this means only will we be able to group in an intelligible manner the varied and diverse theories which have been advanced.<sup>1</sup>

1. We have omitted the opinions of Germain See, Dujardin, Beaumetz, and other medical writers who have written upon this question. None of the theories advanced by these authors cover all the observations inscribed in the medical literature. The theory of Peter is the most ingenious and the one which we prefer. But, apart from these discussions, a trifle ingenious, or rather over and above these, it is necessary to take into consideration other pathogenetic theories more conformable to the spirit of our doctrine and the truth of the facts themselves.

## POLYPLI.

BY J. D. STONEBOARD, M. D., MEADVILLE, PA.

If there is one term in our medical nomenclature which should be expunged, it is the term "polypus." Classically, it does not represent the figure or form of the disease intended. The medical student who, as he should be, is classically educated, would at once infer from the etymology of the word that it is a something having many feet, roots, or attachments; and had he no other means of information, would never recognize a polypus from the meaning of the name itself. There is no science in which there is such actual necessity for correct technical terms as in medicine and surgery. There is far more need of a revision of our medical vocabulary than there was for a revision of the New Testament. Christianity could live without the revision of its code, but our patient might not live if we use terms whose meaning runs contrary to what they intend to convey.

There are four forms or varieties of nasal polypi differing greatly in their anatomical arrangement, viz: Simple gelatinous, cysto-mucous, fibrous, and medullary.

The simple variety is the most common, and takes its origin in the mucous membrane covering the turbinated bones and generally of the superior; in children, however, they have been found to be attached to the mucous tissue covering the inferior

turbinated bones; but never, either in children or in adults, to the septum nasium. They are often multiple; from one to seven have been found in one nostril, and frequently both nostrils are invested at the same time. They are of a yellowish color, produce no pain and possess no sensibility. The mucous variety is very much like the simple in its attachments and symptoms; but the structure is different, being composed of cysts filled with semi-vitrous fluid, and the parietes of the cysts are more dense than that of the gelatinous. The fibrous variety is generally single, and composed of texture similar to any other fibrous tumor, and has its attachments to the periosteum and not to the mucous membrane alone, in contra-distinction to either the simple, cystic or medullary form. The fibrous polypi are more serious than either of the foregoing, except the medullary, having a great tendency to bleed and to excessive growths; if not removed, they will cause separation of the nasal bones and pressure upon the brain. The opinion has been held that the fibrous polypus often degenerates into the medullary. Our experience of thirty-two years of practice, fifteen years of which is special, does not sustain this opinion.

The medullary variety, as its name implies, is of a fungoid nature and is far more serious than any of the foregoing. It is found only in subjects of a cachectic diathesis, having its attachments in the mucous membrane in the antrum of Highmore or in some other of the sinus cavities of the nose; is of rapid growth, attended with severe pain, and emits a very offensive discharge; its texture is soft, and it bleeds profusely on the least abrasion of its surface.

There appears to be no age or condition in life which is not liable to any of the first three forms or varieties of polypi. The medullary, however, must have its peculiar cachectic soil to vegetate in, and that is generally found in the middle-aged and in the old.

The diagnosis of polypi is not just the easy thing to do, it may be supposed. Examples are not rare where the obstruction of the nasal passages was the result of a deformed septum nasi or of hypertrophy of the turbinated bones, or of other forms of disease causing obstruction of the nasal passages, and where they were turned over to the surgeon or to the specialist to be operated



on for polypus. A careful differentiation should be made of the different forms of polypi themselves, and other diseases whose subjective symptoms are similar, both for purposes of prognosis and treatment.

The treatment of polypi has been, from time immemorial, either extraction by torsion, excision, or by strangulation. The offending body can be removed by any one of these means, but without the assurances of permanency of cure. There appears to be a natural tendency to reproduction, and more so in the gelatinous and mucous than in the fibrous; and whether the secondary growths are from the remaining filaments left at the time of removal, or whether they are of separate and distinct formations, having been kept back by the continued pressure of the one removed, is a question yet to be solved. In our own opinion there is evidently a condition existing, which, to coin a new term, we might call a polypous diathesis. The treatment which shall prevent this reproduction of these growths is the great desideratum, and the discoverer of such a treatment would immortalize himself.

Dr. Bryant, surgeon to Guy's Hospital, reports six cases in Braithwait's Retrospect, Vol. 55, page 275, which he treated ab initio with simple *tannin*, and with perfectly satisfactory results in every respect, there being no return of the disease in either case to his knowledge, having kept track of some of the cases for three years. His manner of treatment was to use the remedy by insufflation when that could be done; if not, it was applied with the powder blower. He reports his cases in a candid manner, and from his position we consider him worthy of credence. We have taken the trouble to note the length of time it took to treat each of his cases; thus, one case was under treatment one week; two, three weeks; two, four weeks, and one six weeks. We have just lately had an opportunity to test the tannin treatment and will here report the case in full.

John Hammer, German, æt. about fifty-five years, presented himself at our office for treatment for polypi. On examination we found both nostrils completely closed, and upon inquiry learned he had not breathed through his nose for several months; he had to be operated upon every three or four months. There were three distinct polypi presenting at the external ori-

face of the left nostril, and two at the external orifice of the right nostril. We operated on the left nostril in the usual manner, removing the three presenting satisfactorily, but to our consternation, he could not breathe any better than before the operation. On further examination we found two others at the posterior fossa, completely closing up the passage; these also were removed, and all was well. As it is the usual practice in such cases not to operate on the other nostril for some days after the first to avoid inflammatory complications, we postponed it for two weeks. During the interval we experimented with Dr. Bryant's remedy, and had the tannin blown into the nose by means of a quill every day. At the expiration of fifteen days the patient returned, and upon examination we found, to our astonishment, that the two presenting anteriorly had partially sloughed off, and the remnants had receded far up into the nose. We suggested a continuance of the treatment as a further experiment, but our patient was not of the Job-stamp; he insisted upon having it taken out. We extracted the remnants of the two presenting anteriorly; but, as in the left nostril, we had to remove two others from the posterior fossa before natural breathing could be accomplished. Dr. Bryant does not particularize what kind of polypi he experimented on with tannin; but from the number of polypi existing in some of his cases, we take it for granted that they were of the same species to which our own case belonged, viz: gelatinous; and it may be possible that this is the only variety on which tannin will have a specific effect. It should be borne in mind that there is a great difference between gelatinous and fibrous texture, and this should be remembered in experimenting with the remedy. If tannin should prove to be an efficient remedy in this troublesome disease, it would be of incalculable benefit in treating delicate and nervous women who revolt at the sight of a surgical instrument or a surgical operation of the least magnitude. From the little experience we have had with the remedy in the above case, we are of the opinion that the tannin has a specific effect on the gelatinous variety at least, not depending on its astringency alone. One thing we do know, in our case it had no effect whatever on the normal tissue. Reasoning from analogy, tannin, if it will disintegrate the polypus itself, should also destroy all remnants left after surgical oper-

ations and the germ existing in a latent state, or at least as soon as it should make its appearance on the surface. Acting on this theory, we ordered in the above case an occasional use of the tannin by insufflation, and it is now nearly two months since we operated on the left nostril, and there are no signs of any growths having yet made their appearance.

### THE DIAGNOSIS AND TREATMENT OF TUMORS OF THE BLADDER.

The case of successful removal of a tumor of the bladder reported by Sir Henry Thompson at the last meeting of the Royal Medical and Chirurgical Society, will no doubt awaken fresh interest in this important subject. We will not here repeat the many points dwelt on in the subsequent discussion, but would refer to two only—the difficulty of diagnosis, and the safety of Sir Henry's operation. All the speakers touched upon the former, none questioned the latter. From the discussion and records of cases it seems evident that while there are few removable bladder tumors, and many unremovable ones, which can reasonably be diagnosed to be such during life, there are a large number of cases in which with only his present means the surgeon must remain in doubt. All that is wanted in these cases is to be able to feel the tumor. In the female, where the finger can be easily passed through the urethra, and the whole interior of the bladder explored, the diagnosis of these tumors is, we presume, always made. Sir Henry Thompson will have done great service by his paper if it helps to draw attention to the ease and safety with which the male bladder can be thoroughly explored through a wound from the perineum into the membranous portions of the urethra. Such a wound does not interfere injuriously with the neck of the bladder, is easily made with precision, and heals readily. Every part of the viscus can be explored through it, without violence or risk, and medium-sized tumors, at any rate, can be removed through it. Whether the median incision into the urethra be the best for removal of tumors in all cases, we are not now anxious to show; its superiority over others for the purposes of diagnosis, we venture to think none would question, and we would recommend that in any case

where a tumor of the bladder is reasonably suspected, and where other means of examination have not demonstrated that it is unsuitable for removal, the bladder should be explored by this safe and efficient means.—*The Lancet*.

### BAPTISIA IN TYPHOID FEVER.

BY M. E. DOUGLAS, M. D., DANVILLE, VA.

For the past few months there has been considerable discussion in the different medical journals as to whether baptisia can cut short, or abort, true typhoid fever. It will both *abort* and *cure* typhoid fever.

During the past twelve months I have treated 227 cases of true typhoid fever, with a loss of three patients. I do not know the rate of deaths under the old-school treatment, but think their per cent. of deaths far exceeds my own.

I have used numerous remedies to meet certain contingencies, such as baptisia<sup>1x</sup> to <sup>3x</sup>, bryonia<sup>2x</sup> to <sup>30x</sup>, rhus tox.<sup>2x</sup> to <sup>30x</sup>, phosphorus<sup>10x</sup>, belladonna<sup>2x</sup> to <sup>30x</sup>, hyoscyamus<sup>30x</sup>, arnica<sup>2x</sup>, opium<sup>30x</sup>, lachesis<sup>4x</sup>.

In none of these cases have I been able to find what Dr. Bell, of Boston, Mass., gives as a characteristic symptom of Baptisia, viz: "She cannot go to sleep because she cannot get herself together. Her head feels as though scattered about, and she tosses about to get the pieces together." On the contrary, I find that baptisia proves to be homœopathic to those cases where there is a low, muttering delirium, talking with people and things not present, and especially endeavoring to drive away animals that annoy them; there is apathy, stupor, and a desire to remain quiet. The tongue coated brown in center, with red edges, either moist or dry, appears to call for baptisia.

The following are illustrative cases:

CASE 1.—Lewis Graves, thirteen years, mulatto. About four weeks previous to my being summoned to this case, the lad ran away from his home and walked to Danville, a distance of about thirty-seven miles, slept out of doors several nights, and went without food for a greater portion of the time. A negro family took him in and gave him food and shelter until they could hear from his parents. He complained of feeling tired and sore; loss of appetite and a desire to sleep all the time. This condition be-

ing attributed to his exposure and fatigue, nothing was done for him until, a few days before I was called, he had a hard chill, followed by a high fever. He was then given quinine—the great cure-all here for chills—but kept getting worse. Five or six days after the chill, I saw him. I found him lying on a pallet in a stupor from which he was easily aroused; face flushed, skin burning hot, pulse full—130 to the minute, temperature  $106^{\circ}$  (10 P. M.), tongue coated brown, dry and pointed, with red tip and edges. Bowels have moved eleven times since 7 o'clock this morning; stools watery, yellow, and containing flakes of mucus; constantly muttering and ordering some imaginary person to let him alone. (After his recovery I learned that the people he formerly lived with were unkind to him.) He also complained of a pain in the bowels and of a frontal headache. R.—Baptisia<sup>ss</sup>, ten drops in half a goblet of water, a teaspoonful to be given him every ten minutes. When I called the next morning he opened his eyes and looked at me, and, in answer to my inquiry as to how he felt this morning, said he felt badly. All the symptoms were better; I continued the baptisia, and in four days from my first visit he walked across the room, and in a week's time was out of doors.

CASE 2.—Walter G. age eleven years. Typhoid fever for two weeks, and under old-school treatment. Symptoms very much like the first case, except that in place of diarrhoea there was obstinate constipation; constant talk of all sorts of animals that were devouring his bowels; every few minutes would scream out as if in great pain; teeth covered with a brownish, slimy matter; tongue trembled on protrusion. R.—Bryonia<sup>ss</sup>. Next day no better. Diarrhoea set in during the night. R.—Rhus tox. No improvement the next day. I now put fifteen minims of baptisia<sup>ss</sup> in half a goblet of water, and gave a teaspoonful every fifteen minutes. This had the desired effect, and my patient was rational for the first time in twelve days. Changed to the <sup>ss</sup> of the same remedy, and patient made a slow, but complete, recovery.

CASE 3.—About two weeks from the time this last case was taken down, a little sister was taken with all the prodromic symptoms of typhoid fever. Baptisia<sup>ss</sup> was given, and complete recovery effected—as clear a case of aborted fever as I have seen.

CASE 4.—Kate M., aged twenty-seven years, married, two children. For about two weeks had been feeling quite badly. Can

not tell just how it began, or what she first complained of. There has been from the first a sense of languor, desire to lie down frequently, headache, dizziness, and arms and legs felt sore and painful. The day before my call, about ten A. M., had a very violent chill, followed by high fever. When I arrived, the pulse was 116, temperature  $104^{\circ}$ ; tongue moist and covered with a whitish fur; bowels constipated, no movement for three days; severe frontal headache, dizziness on rising, and ringing in the ears; mind perfectly clear; wants large quantities of water; no appetite; abdomen bloated and tender, spleen somewhat swollen. This presented a very good picture for bryonia, yet as baptisia had been doing me good service, I concluded to try it in this case. I accordingly gave the " dilution. No other remedies were used, and in ten days' time she sat at the table and ate her breakfast.

CASE 5.—*Sequina G.*, aged eleven years. Taken with premonitory symptoms of typhoid fever, together with sore throat. When I saw her, the fever had attained such a height and the tonsils were so badly swollen, that I did not deem it possible to break up the symptoms, and so told the mother. I put baptisia<sup>2x</sup> in water, and ordered a teaspoonful to be given every fifteen minutes. This was at five o'clock P. M. The next morning there was a marked remission of the fever-symptoms, and the throat was so much improved that she could swallow a little milk with but slight pain. Her face was bathed in a profuse perspiration, and she had slept about two hours when I called, 10 A. M. Improvement was rapid after this.

I have been compelled to use many other drugs in this epidemic besides baptisia. Opium has been of frequent service to me where there was considerable stupor and but little fever, or in cases where the fever had been moderated by other remedies and seemed to stand still, the case neither getting better nor worse. The following case illustrates the curative action of lachesis:

CASE 6.—*M. S.*, laborer. After working in the water, digging a canal, he was taken ill; felt weak and unfit for labor; headache; restless nights, and sleep disturbed by dreams of personal danger.—About ten days from first symptoms had a chill. I gave bryonia, rhus, and baptisia, but there was no improvement. At one of my

visits his wife remarked that he always woke in great pain, feeling worse in every way; that this lasted from twenty to thirty minutes, when he would feel easier. As he had other symptoms looking to lachesis, I gave this remedy in the "trituration, with complete success.

I have come to look upon the wild indigo as a sheet-anchor in typhoid fever. Perhaps the cause of the fevers—the opening and widening of a large canal in the river—may have something to do with the curative effects of baptisia.

Arsenicum has done me no good this season, although in the fall of 1880 I cured several cases with it, some of which had been pronounced hopeless by their former physicians. Judging from my own limited experience, each case has to be closely individualized, and certainly no one drug cures all cases. An instance in illustration: Last October I had seven patients under one roof, members of three different families, all sick with typhoid fever from drinking impure water. Five drugs proved curative. I thought at first that the same drug would cure all the cases, and as the first two did well upon bryonia, I administered this medicine to all the others, but had to make a change. One case required rhus tox., the others belladonna, arnica, and baptisia.

### SYMPHORICARPUS.

BY EDWARD V. MOFFATT, M. D.

GENTLEMEN:—I desire to very briefly call your attention to a new drug which promises to be of great value in a sphere replete with suffering, but comparatively barren as to remedial agents.

I mean reflex gastric derangements dependent upon ovarian or uterine irritation.

It is to be regretted, but from the fragmentary character of the provings and my inability to find their detail record, I am unable to give a clear analysis of its physiological action or characteristic indications.

So the object of this paper is merely to call your attention to the drug, to briefly sketch its clinical record, and to ask for it an impartial but thorough trial.

Then, if it fulfill its present promise, let it receive a scientific proving and be presented to the profession with a full pathogenesis and well-defined characteristic indications. Could this be

done, it would prove a blessing to many a suffering woman and a comfort to their anxious physicians.

Let me go back about fifteen years and sketch the history of this drug.

At that time Professor S. P. Burdick, being interested in the subject, investigated the medicinal properties of many plants hitherto unused by the profession. Among others chanced to be the snow-berry or *Symphoricarpus racemosus*.

He gave some of the drug to his first prover, an intelligent lady, who, on feeling the marked nausea which it soon produced, exclaimed: "Doctor, this is precisely like the morning sickness I always experienced during pregnancy." Dr. Burdick, becoming more interested, repeated the experiment with other provers, obtaining almost uniform results, viz: a feeling varying from qualmsiness to intense nausea with violent vomiting.

It was given to female provers only, and merely pushed far enough to verify this symptom.

Upon this clue Dr. Burdick gave it in the higher potencies to patients suffering from the vomiting of pregnancy, with the most satisfactory results. Indeed, after a trial of many years he has found it so far superior to other remedies that he now relies on it altogether, with rarely any but entirely satisfactory results.

He mentioned the drug in his course of lectures, so I bore it in mind waiting for a test case. Soon that came in the person of a young lady three months advanced in her first pregnancy, who was suffering from a deathly nausea with vomiting and retching so prolonged and violent as to produce hæmatemesis. The smell or thought of food was repugnant in the extreme.

An examination disclosed no malposition or apparent cause for the trouble, so I procured some *Symphoricarpus* from Dr. Burdick and gave her one dose in the midst of a violent paroxysm. In a few minutes she stopped vomiting and said she felt soothed and quieted all over.

In half an hour the nausea began again, but a few pellets checked it promptly, and she fell asleep. Once during the night she awoke distressed and took a dose, but slept again quite soon. For a month or so she felt very well until after over-exerting herself she became nauseated once more, but it was as promptly checked; nor did it return during her pregnancy.



After that I had opportunities of prescribing it in a number of cases with such gratifying results that I gave some of the drug to a number of physicians, requesting a faithful trial. Among them were my father, brother, Dr. Danforth, both Dr.'s McClelland of Pittsburgh, and several others. All reported favorably, and some enthusiastically, and so I have been led to bring the subject before this society.

The indications, so far as I have observed them in cases of pregnancy, are a feeling of qualmishness with indifference to food.

In more severe cases, like the above, there is deathly nausea; the vomiting is a continuous and violent retching, but it covers every gradation between these extremes. It does not seem to be confined to any particular *morning* aggravation. A prominent symptom is the disgust at the sight, smell, or thought of food.

One case I remember in which the patient was comparatively comfortable while lying on the back, but would be nauseated by the slightest motion of the arms, particularly raising them. This case was completely relieved by a few doses. And so the cases might be multiplied.

Thinking that if the irritation of pregnancy were thus subdued, that of menstruation might be as well, I have given it repeatedly in such cases of nausea or vomiting just before, during, or after the catamenia with admirable results. Again, apart from menstruation it has proved beneficial in certain cases of irritable or congested ovary, hysteria, ovarian tumor, and in some instances in which I suspected the nausea to be due to a lacerated cervix or an erosion of the os. Here it acted mainly as a palliative.

Of course, there are instances of nausea during pregnancy caused by a malposition. This may resist every drug, while simply replacing the organ and inserting a pessary will be all sufficient. I only claim relief, however, where dynamic measures are applicable, and even here it will not cure every case, for no one remedy homœopathically prescribed can be a specific, still experience will prove this drug to have an unusually wide sphere of action.

The drug is not in the market, as it has been prepared only by Professor Burdick. He uses the higher potencies, having obtained better results from them than from the lower.

Still, as many physicians prefer more appreciable doses and others like to collect and prepare their own tincture, a brief description may not be out of place.

*Symphoricarpus racemosus*, or the snow-berry, belongs to the *caprifoliaceæ* or honey-suckle family. In the same tribe is *Triosteum*, while in the same order or family, but a different tribe, are *Sambucus* and *Viburnum*.

According to Gray there are four varieties of *Symphoricarpus*; 1—the *S. occidentalis* or wolf-berry; 2—*S. racemosus*, our snow-berry; 3—*S. paniculatus*, and 4—*S. vulgaris*, called the Indian currant or coral berry.

The general features common to the different varieties of *Symphoricarpus* are “calyx teeth, short and persistent on the fruit. Corolla bell-shaped, regularly four to five lobed, with as many short stamens inserted into its throat.

“The ovary is four-celled, seeded, seeds bony. The berry is four-celled, but only two seeded, two cells being sterile.

“They are low, branching, upright shrubs with oval, short, petioled leaves, which are downy underneath, and entire or wavy-toothed, or lobed on the young shoots. The flowers are white, tinged with rose-color, in close, short spikes or clusters.”

The particular features of the snow-berry are that it “flowers in a loose and somewhat leafy interrupted spike at the end of the branches; the corolla is bearded inside and the berries are large and very white. It is found on the rocky banks of western Vermont, thence to Pennsylvania and Wisconsin. It is common in cultivation, flowers in June and September, and the berries are ripe in autumn.” Dr. Burdick’s tincture was made from the ripe berries.

With this brief and imperfect introduction, which is all that has ever been written on the subject, I commend the drug to your earnest consideration, feeling confident that if properly developed it will richly repay all the labor you may bestow upon it.

## CONCERNING THE EFFECTS OF THE WEED UPON HABITUAL SMOKERS.

BY W. H. BENNETT, M. D., BROOKLYN, N. Y.

A great deal has been said upon this subject, and very frequently by men who know nothing of the effect of tobacco smoke

from personal experience. Some, stimulated only by a desire to check, if possible, the spread of an often pernicious habit, have allowed their enthusiasm in the cause of philanthropy to exaggerate and misstate facts; while others have committed the greater error of basing their conclusions upon the *supposed* effects of habitual smoking, without having investigated the subject, and without knowing anything about the matter. Many careful observations have been made, but chiefly with large doses, and we know perfectly well the physiological effects of tobacco, when given for experiment for a short time, and also its therapeutical action when given as a medicine in acute disease; but regarding its effects, when used habitually for an indefinite period as a luxury, in comparatively small doses, in the form of smoke, we have but little trustworthy data; and, undoubtedly, in regard to this method of using the weed, something may be said in its favor as well as against it.

However truthful and careful a person may desire to be, it is very possible for him to commit error, and for this very reason repeated experiment is necessary, to demonstrate beyond peradventure any question pertaining to medical science. It is very frequently said that one can tell nothing of the effects of a drug by experimenting on one's self, for the mind will be biased to a certain extent by preconceived ideas, rendering the results untrustworthy; and, moreover, the action of the material used will so stimulate or depress the mental functions as to materially interfere with one's reasoning correctly. But this argument certainly does not apply in the case of tobacco, where it is taken as a luxury day after day for a number of years. In this case, it certainly does not interfere with our powers of perception to a sufficient degree to render our observations untrustworthy in the least.

From repeated experiments, I am led to believe that a difference of opinion in regard to the effects of tobacco-smoking, where the observations are carefully conducted, and are confined to persons habitually using the weed, will only occur where the quantities daily consumed vary. Of course, the susceptibility of the person to the influence of a sedative must always be taken into consideration, and the quantity taken must be viewed in connection with this; thus, a single cigar or pipe of tobacco may

often produce in the weakly an effect equal to four or five times the quantity in a strong, robust person.

Tobacco, if taken in small doses by those accustomed to its use, stimulates mental activity, and prevents drowsiness; it increases the flow of ideas, increases the clearness of mental perceptions, soothes, but does not exhilarate, and this latter effect is most marked when there is mental depression or anxiety. It always causes slight muscular debility, and diminished excitability of the motor nerves, but sensation is not in any way affected. Its effect on the heart is to cause fewer and less energetic contractions. It does not, therefore, prevent fatigue, but owing to its soothing action, the effect of over-work or great exertion is much less severely felt, when followed immediately by a moderate indulgence in the pipe or cigar. More work, both mental and physical, can be performed if small rations of tobacco are allowed than if it be withheld. But if large doses are taken there is continued depression, and if indulged in to excess for any length of time, there results a condition similar in many respects to that caused by the abuse of alcohol, although it is not developed to the extreme extent as when the latter drug is used. The mucous membrane of the mouth, pharynx, and posterior nares is seriously affected, and I am sure I have seen unmanageable and destructive ulceration of the soft parts of the mouth, from the smoking of rank tobacco, in short pipes, by old persons. Where a good quality of tobacco is used, or cigars, a chronic catarrh of the parts mentioned is the result. There is disordered digestion, loss of appetite, restlessness, insomnia, and weakness of body and mind, with also, very frequently, disturbance of vision and impaired memory.

Tobacco, in the form of smoke, in small doses excites a free flow of saliva for some time, which is not followed afterward by a diminished flow below the normal amount. It stimulates digestion, and increases the appetite, and if the good effects only are desired, it should be indulged in always after meals. In all doses short of acute intoxication it increases the secretion of urine, and stimulates the peristaltic action of the bowels; but exactly how it produces the latter result cannot be explained. It is equally true that it increases the sexual desire; its action in this respect may be due partly to its influence on the nerve

centres and partly to the irritation produced in the urinary tract through which the resulting products are eliminated from the economy.

Smoking, even in moderation, is injurious to the teeth, and its effect upon these organs is worse in a cold atmosphere than in a warm one, and is bad according to the existing condition of the teeth, and the condition in which they are allowed to remain. A tooth expands and contracts like most other hard substances under variations of temperature, and if these expansions and contractions take place too rapidly, or to too great an extent, the expansive properties of the whole organ not being equal, the external covering being the harder, and more susceptible to change as well as being most exposed to it, cracks, and thus is produced a vulnerable point for the secretions of the mouth to act upon. That the secretions of the mouth are rendered acid by the action of tobacco smoke may be demonstrated by the use of litmus paper within half an hour after using the weed; and it may here be mentioned that the fluids secreted by the mucous membrane of the buccal cavity of any habitual smoker, who uses tobacco freely, are apt constantly to give an acid reaction. This acid secretion facilitates the deposit of earthy matter upon the teeth, as well as exerts a chemical action at previously weakened points; and it keeps the soft part covering the roots in an irritable condition—the result of the existing catarrh.

The injurious effect of the abuse of tobacco-smoke on the mucous membranes with which it comes in contact is one of its worst features. It produces a chronic catarrh which, under no other source of irritation, gets gradually worse and worse, and in time renders the smoker very uncomfortable. In warm climates where the extremes of temperature are slight, chronic catarrh of the mouth and pharynx is very common among smokers, and as it is customary to exhale the smoke through the nares, a diseased condition of the nasal mucous membrane is also very frequently met with. But in our own climate, where the extremes of heat and cold are great and aggravated, forms of chronic catarrh, so common from other causes, the irritation of tobacco-smoke when allowed to exceed certain limits is of still more serious import, and often is the greatest obstacle to successful treatment. It is hard work to get smokers to believe

this; they will tell you that a cigar in the morning relieves their catarrh and makes them more comfortable, and no doubt it does for the time being. What is more natural than that a swollen and infiltrated membrane in a state of passive congestion and covered with a thick or sticky secretion, should be relieved by gentle stimulation, which quickens the circulation and thus diminishes the swelling, and clears off the adherent mucus. If, when this is accomplished, the irritation should cease there would be more good than harm done, were it not that tobacco-smoke renders the retained secretion of all parts with which it comes in contact more acrid. But if the act of smoking be repeated many times during the day, gentle stimulation is merged into continuous irritation, which no one can fail to see is injurious. Smoking probably is injurious to the buccal and pharyngeal membranes, aside from its irritant effect, for the suction required to draw the smoke into the mouth rarefies the air in this and the adjacent cavities, which, if repeated and continued indefinitely, tends to cause dilatation of the capillaries and give rise to continued passive congestion.

The mucous membrane of the stomach does not escape the baneful influence of excessive and frequent indulgence in tobacco. Probably some of the smoke is swallowed as such, and besides, a portion of the oil which is deposited in the mouth is carried down by the saliva. The result is similar to that produced upon other mucous membranes.

The sight unquestionably suffers in cases of excessive indulgence, irrespective of its deleterious effect on the general economy. Although the action of tobacco is by no means so marked on the pupil as that of belladonna, hyoscyamus, or stramonium, in inveterate smokers the pupils are at all times apt to be somewhat dilated, and they do not contract to what would under such circumstances be considered their normal size when exposed to a bright light. In consequence of this the retinae are exposed to undue irritation. But probably a more important factor in generating disease of the organ of vision is the frequent contact of smoke with the exposed conjunctivæ, which not only produces changes in their circulation and nutrition, but in the circulation and nutrition also of the delicate parts lying in close proximity underneath. To studious men—those who sit bent over their

book or desk with a cigar in their mouth, does this latter remark particularly apply. The injurious effects of immoderate smoking on the eyesight are slowly produced, and very frequently, if the habit date from no very distant period, they vanish at once upon its being discontinued; but certain it is that excessive smokers do not possess normal vision. It is not necessary to go into the question of the atrophy of the optic nerve, as this ground has been traveled over repeatedly by Mackenzie, Wells, Von Graefe, and many others. There can be no doubt that excessive smoking, like excessive drinking, if indulged in to the extent of introducing large quantities of an active poison into the economy, may exert a depressing influence upon, and when long continued cause organic change in such a very sensitive structure.

Excessive smoking relaxes the muscular tissues throughout the entire body, and induces debility. Weakness in the knees is a common complaint of all great smokers, though enjoying the best of health. The spinal cord seems to be feebly impressed; true reflex irritability independent of consciousness is diminished, while there is tremor on exertion and clumsiness in performing simple operations, also indicating impairment of function. On certain functions of the brain excessive indulgence has a depressing influence which is peculiar, while at the same time there is a certain amount of cerebral irritation. Voluntary movements are produced less readily, for the motor nerves are slightly paralyzed; but the nerves of special sensation more readily convey impressions than before, and there may be frequent movement independent and in defiance of volition, instinctive as it were—sensori-motor reflex. Thus a slight noise like the sound of a distant whistle will cause a sudden start or movement of the hand toward the ear that would require an effort to accomplish voluntarily, but which cannot be prevented. Regarding this increased excitation of the nerves of special sense and the sensory nerves, we may look upon it as unnatural and perverted; for take the sense of vision while the retina is unduly sensitive to light, and a sudden glare will cause a start. Normal vision is very commonly not present, and even bright objects cannot be clearly and sharply defined. Although acuteness of perception does not seem to be materially interfered with, and external impressions are readily received, they are not retained, but discarded without

due consideration or further mental exertion; the impressions are transitory, and new ideas crowd in to take their place. The function of ideation is active, but the mind is wearied, as it were, and will not use or develop the ideas conceived.

Smoking in moderation gives us all the good effects of tobacco, and not only without being productive of any harm, if we except its action on the teeth, but in many cases with actual benefit to the person using it. Thus it soothes us when in pain, and modifies the exhaustion of fatigue. But all are not affected alike, and the dose must be regulated according to the natural susceptibility of the smoker. One's calling in life has much to do with whether he may use tobacco or not, and it also dictates in a great measure in what dose he may take it. The man of sedentary habits, and he who must use his eyes much, or weary his brain with difficult problems or deep and serious thought, or use his hands in careful and exceedingly nice manipulations, and the man who has much to irritate him, if he smoke with benefit must smoke in great moderation. But the active man who takes plenty of bodily exercise, the wit, the person whose avocation simply requires that he use his brain to act or respond on the spur of the moment without having to follow out the idea to any great length, may indulge more freely.

The effect of tobacco-smoke in causing a deposit on the teeth may be obviated by brushing these organs, both before and after the use of the cigar or pipe, and rinsing out the mouth with a weak solution of soda; and as a matter of fact, it would be well enough for most persons to do this after eating, whether they are smokers or not.

As a medicine in certain forms of disease, when the dose can be regulated, tobacco is of great value, and in particular cases is superior to belladonna, for those habituated to its use like to take it and do not look upon it as a medicine. Its effects on the mind are experienced at once, and are continued after the depressing action on the muscular system has passed off. The diseases in which it is of value readily suggest themselves when we have made ourselves acquainted with the properties of the drug, but I would call particular attention to the following, *i. e.*, cardiac hypertrophy, when the organ acts too forcibly, habitual constipation, certain cases of asthma, and certain forms of dyspepsia,



where the food lies like a load in the stomach after eating. In diseases of the mind, notably melancholia, it is of inestimable value, when its administration is properly understood. Here, by causing a flow of ideas, it dispels for the time the habitual fixed sorrow and relieves the mental strain by turning the thoughts into various channels without any apparent exertion on the part of the patient. And theoretically we might suppose (paradoxical as it may at first seem) that even in acute mania it will tend to prevent the ravings by varying the impressions and giving rise to pleasurable thoughts.

The propriety of withdrawing the accustomed rations of tobacco from persons long habituated to its use is questionable. It is like withholding the seasoning from their food, under which circumstances, no matter how nutritious the diet, it fails to please the palate, and does not receive the attention from the stomach it otherwise would, but lies like a load to disgust the digestive tract, which seems to await the coming of something to direct the commencement of operations.

In all forms of chronic catarrh smoking is bad, even in catarrh of the bladder. In suppurative disease of the middle ear it is especially injurious. In insomnia from mental strain and worry, in cases of debilitated heart, and in certain forms of neuralgia occurring in the weakly, tobacco had best be dispensed with.

The man who expectorates much, and the one who chews the end of his cigar and swallows the spittle, will both suffer more or less from dyspepsia.—*Medical Record.*

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## CORRESPONDENCE.

### THE EXCESSIVE USE OF STIMULANTS IN DIPHTHERIA.

The article on the above subject, as published in the *MEDICAL COUNSELOR*, page 81, year 1882, was gratifying to me in more ways than one. In the first place, I was pleased to find the doctor's treatment just what it was, and the question arose in my mind: Was such treatment the legitimate outcome of the conclusion arrived at by the Milwaukee teaching on potencies, or was such investigation the outcome of such practice? Either will do, and I am not disappointed. I am gratified. In the second place, we are pleased to have the editor call into question the wisdom of

such treatment. How could he do otherwise and maintain his dignity as editor of a homœopathic journal?

We would like to ask if (in a case in which aconite and belladonna in rapid alternation, and whisky in *excess*, all at one and the same time, for days together, were used) the doctor could, from any scientific standpoint, inform us which of all this mixture cured the patient, or whether they did anything toward producing a cure, or whether the patient did not recover in spite of bad treatment.

If polypharmacy is scientific, why did not the doctor add to the mixture salicylic acid, carbolic acid, bromochloralum, and thus go the whole figure? He already had the old-time allopathic stimulants, viz: quinine and whisky or brandy.

We do not wonder he had to "absolutely force" the use of such treatment. It is the old-time "hold-the-nose-and-poke-it-down" procedure. We know of a great many others who, understanding something of homœopathy, would have to be forced to take such treatment. God pity them if they are overpowered.

Does the doctor call this intelligent homœopathy, or has he found homœopathy *inadequate*, and been obliged to resort to eclecticism, and is he now publishing the results in a homœopathic journal in order to help those poor homœopaths who have not yet learned the superiority of stimulants in excess over homœopathic treatment pure and simple?

Perhaps he is doing this to "help those who are half-way." We opine that it will be a case of "love's labor lost" if the aim is to help any one to be *more thoroughly homœopathic*.

To one who has practised in a region where diphtheria abounds, using homœopathic treatment without stimulants, (right by the side of the stimulant treatment) with a degree of success that, to say the least, warrants beyond a question the continuance of such treatment, and that for a period of over twenty years—to such a one a report like that of Doctor Storke will be of no help. It is hard to describe the feelings of a true homœopath when reading such a paper; probably the doctor knows nothing of it. But there is one remarkable feature about these cases, viz: they show pointedly how much poor human beings can endure, and still live.

We have tried to criticise the doctor's paper in a spirit of kindness; and are frank to say that we believe these cases were fearfully mal-treated.

In conclusion we will suggest that the doctor try for a year or two—first, strict individualizing; second, the single remedy in potencies ranging from the 12th to the 200th; and third, no stimulant except what resides in the thoroughly homœopathic remedy and nourishing diet. Then let him again report, and if his success is not better than now, or at least equal to those reported from two or three remedies in alternation enforced by a flood of whisky and quinine added, then his cases must differ from those we have treated.\*

E. B. NASH, M. D.  
Cortland, N. Y.

\*The above correspondence from Dr. Nash undoubtedly expresses the views of many practitioners. As a criticism, however, the doctor's letter lacks in force, containing only general assertions, and wanting in clinical illustrations of his methods and their results. In consideration of the malignant nature of diphtheria, we are excusable if we again invite our readers to give the COUNSELOR the benefit of their experience in its treatment; clinical cases will be particularly acceptable if they contain a full and accurate description of local and constitutional symptoms.

### MEDICAL MEMORANDA.

Dr. H. A. Stonex has left Allen, Mich., and has entered into partnership with Dr. Ide, at Rochester, Mich.

The *Medical Call*, published at Quincy, Ill., and conducted by Dr. O. H. Crandall, has changed from a quarterly to a monthly. Price, \$1.00 per year.

The *U. S. Medical Investigator* will hereafter be published once a week.

The *New York Medical Journal*, one of the best-edited and most valuable medical journals of the Empire state, will hereafter be published weekly.

Dr. L. J. Bumstead may hereafter be addressed at Santa Barbara, Cala.—Dr. E. A. Carpenter has left Plattsburgh, N. Y., and opened an office at 7 Linneau street, Cambridge, Mass.—Dr. H. D. Baldwin, formerly of Montrose, Pa., has located at 130 James street, Syracuse, N. N.

A correspondent writes: The Homœopathic Hospital of Minnesota is actually a fact. A beginning has been made in a former private residence of some twelve rooms. The ladies have already fitted up two small wards, for the treatment of diseases of women and children. A matron is in charge with nurses, and all things will be ready in the coming week." We understand that Dr. Wm. E. Leonard is to be the superintendent of this institution, and wish an abundance of success to the Hospital and its executive officer.

The firm of Boericke & Tafel has recently undergone a very important change. Dr. Boericke retires, and will hereafter give his entire attention to the publishing-business. Mr. A. J. Tafel, of the old firm, has associated with himself Messrs. Frank L. and Felix A. Boericke, who, under the old firm-name, will give their entire attention to the vast Pharmacy-business established by the old firm just dissolved.

The sudden death is announced of Dr. Simon P. Starritt, of Anoka, Minn. Our next number will contain a more extended notice.

To avoid mistakes, the publishers of this journal will from this date notify all subscribers of the expiration of their subscription. This will give subscribers a chance to have the COUNSELOR discontinued, if they so wish. Unless notified to stop sending the journal, the publishers will consider themselves authorized to continue sending the journal until duly notified to the contrary.

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. Arndt, No. 32 Monroe Street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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## ANGINA PECTORIS.

BY H. BERNARD, M. D., OF MONS, BELGIUM.

CONTINUED FROM PAGE 620.

Hahnemann, in the exposition of his doctrine in relation to chronic diseases, referred all to psora, syphilis, and sycosis. Our adversaries ridiculed this classification, without attempting to discuss it.

But times have changed, and the more illustrious pathologists of the old-school have had to recognize the scientific spirit of the wise founder of homœopathy. Thus, imitating Marchal de Calvi, they marvel at the genius of this extensive and bold synthesis: psora, syphilis, and sycosis.

We shall not speak of syphilis, the existence and pathological influence of which are undeniable, the relations of which, however, to angina pectoris are very obscure, simply on account of the little attention which has been given to this point. At the same time, we would not omit the mention of the work written by Dr. Krueger, of Nimes, (of which more hereafter), in relation to the indications of mercury in angina pectoris.

If sycosis was not discovered by Hahnemann, it has been, at least, according to the assertions of his most ardent adversaries (and especially Requin), presented by him to the scientific world in a new manner. He has, in effect, grouped in an admirable order diseases considered hitherto to be different in character, and the conclusions from this conception are daily receiving clinical confirmation, and an extension whose limits have not been attained as yet. How many so-called cancers, chancroids, polypi, tumors, fatty, adenoid, or others, are connected with this malady formerly denied, to-day disseminated in a confusion impossible to

clear, and in which the imagination of the anatomo-pathologist has exceeded the most versatile novelist. This confusion will not allow us to assign definitely the field occupied by sycosis in angina.

Psora, especially, has been the theme for the most unjust and bitter criticisms by the adversaries of Hahnemann. We may call it psora-herpetism, or simply herpetism, after the example of the illustrious Nunnez: this will be better, and will correspond to the union of lesions, symptoms, or affections which are assigned justly to psora.

We believe, however, that the triad of Hahnemann is incomplete. We would add, with good reasons, scrofula, gout, rheumatism, and hæmorrhoids. These diseases do not appear to us constitutional except to impress a special stamp to the pathological cases which we encounter in daily practice; hence symptomatic, prognostic, and therapeutic consequences absolutely diverse, permitting distinct outlining.

We believe we may safely add another disease, or, rather, poisoning: alcoholism. Alcoholism, in many parts of the North and temperate zone, engenders or complicates an infinite variety of morbid alterations. This intoxication is found especially in the lower ranks of social life. If Hahnemann was living to-day in France or Belgium, he would not hesitate a moment to place alcoholism in the same rank with psora, syphilis, and sycosis, on account of its great frequency and its powerful influence to disturb the health of the individual and to degenerate the species.

This addition would be justified in connection with angina pectoris. Be it as it may of this personal estimation, we may say that homœopathy investigates in angina pectoris, as in all other diseases, whether it has any appreciable lesion of tissue or not. But it seeks especially to discover the first cause. To attain this object, it seeks to know the primitive antecedent or hereditary symptoms. It examines closely all the lesions and alterations relating to the different organs and functions, ranges them according to their grade and importance, or their mutual relations. It groups the results of its investigations, in order to determine the selection of the appropriate remedy. We would not attempt, however, to ascribe bounds to the genesis of this strange disease.

since it is, in many ways, a veritable enigma, a pathological sphinx.

It is certain that we cannot consider it as a symptomatic affection of this or that recognized lesion. The pathological alterations of the heart and large vessels frequently exist without provoking angina pectoris, and, conversely, the latter may appear without any appreciable anatomical lesion. On this point all, or nearly all, physicians are in accord, except to discuss the greater or less frequency of the organic cardiac-vascular disorders which complicate the angina.

On account of the obscurity and multiplicity of the morbid elements which arise in this disease, we cannot, at present, do anything better than submit ourselves to individualization, as advised by Hahnemann.

This will not prevent us from profiting by the progress of science and all important discoveries which, far from breaking down the homœopathic doctrine, tend only to give it each day a new confirmation.

#### ETIOLOGY.

The details which we have given in relation to the genesis of angina pectoris will not prevent us treating with more brevity the question of etiology. In order to not depart from scholastic traditions we will divide this subject into two paragraphs, the one treating of the *predisposing* causes, and the other of the *occasional* or *exciting* causes.

**Predisposing Causes.**—We will not stop to consider here the etiological influence of the organic lesions of the heart and great vessels, especially the aorta. This point has been explained fully in the preceding chapter; we only allude to it here.

Gout is undoubtedly among the first of the predisposing causes. Its influence is understood easily from the many manifestations of gout in cardiaco-vascular lesions, neuralgias, and myalgias. Tradition has been almost always the same upon this point. Yet it is certain that numerous authors have considered angina pectoris as only a manifestation, pure and simple, of gout. We will mention only Elsner, Butter, Schmidt, Schoeffer,<sup>1</sup> Stoller, Raquin and Ibese, who have written with more or less fulness upon this theory. This opinion, exaggerated in its exclusive

1. Dissert. de angina pectoris, Gott. 1787.

formula, has not failed to provoke, as frequently happens, an exaggerated reaction. Wichman was the first to oppose the theory of the German physicians, and the list of his adherents has been increased very much. *In medio virtus*. Angina pectoris is not *always*, but may be *sometimes*, of a gouty nature. Among the authors who are in favor of the truth of our conclusion, we may cite especially Brown and J. Quissac, whose writings, as well as those of many others, have been analysed with a master's hand by Dr. Ch. Ravel.<sup>1</sup>

Rheumatism is so allied to gout that we cannot separate it. The school of Chomel, in France, has attempted to establish a single morbid entity between gout and rheumatism, corresponding to the *arthritis* of Bazin. Their affinities are real and well-founded; so that, without attempting to confound the two diseases which are distinguished by many traits, we ought to consider them as similar affections. In that which concerns our object especially, it is necessary to consider that rheumatism, as well as gout, attack immediately the cardiac system and produces not only in the articulations but also in the nerves and muscles of other regions, various morbid affections. Angina pectoris can be certainly one of these. The German physicians of whom we have spoken are 'evidently of this opinion. In England also, Butter, MacQueen and Johnston have observed facts in support of this statement. A little later Blackhall reports the case of a man who had suffered for a year with chronic rheumatism when he was suddenly attacked with angina pectoris.

Hæmorrhoids are likewise a predisposing cause of angina pectoris. Jaccoud expressly refers to it.<sup>2</sup>

"Angina pectoris," says Dr. Frédault,<sup>3</sup> in his monograph on hæmorrhoids, "belongs as much to hæmorrhoids as to gout, in some light, in others severe and fatal. I have seen it appear under a tertiary intermittent type in a confirmed hæmorrhoidal diathesis, the first two light attacks marked by a free bloody expectoration with fever and palpitations of the heart, without auscultation revealing anything wrong with this organ, except

1. V. Art Medical, tome xlix.

2. Nouveau dict. de Med. et de chirur. pratiques, 11,500.

3. V. Art Medical, xxvii, 180.

that the aorta alone might be affected, and yet the third attack coming with extreme violence."<sup>1</sup>

Chronic dyspepsia, considered by Desportes as a predisposing cause, has been reaffirmed by Beau. The former referred only to the dyspeptic complications of gout, but the latter has demonstrated that simple dyspepsia without any relation to a diathesis, may determine equally, with other nervous alterations, the symptoms of angina pectoris.<sup>2</sup>

The observations of Trousseau allow us to accept, with some reservation, that in certain exceptional cases angina is one of the possible forms of masked epilepsy.

Kafka<sup>3</sup> insists, and with reason, upon the influence of excessive venery.

The abuse of tobacco constitutes a predisposing and very potent cause. Beau<sup>4</sup> has shown, in a masterly manner, the truth of this statement, and we consider it an acquisition to science, notwithstanding the incredulity of Jaccoud, who cannot see in tobacco anything beyond its influence over chronic dyspepsia.

Germain See says (*Du diagnostic et du traitement des maladies du cœur*. Paris, 1879): "Tobacco produces intermittent conditions, and from intermittency to angina pectoris is only a step."

In order to illustrate this point we copy from the well-known pathogenesis of Dr. Ozonam<sup>5</sup> the following interesting observations:

1. A physician had given up the use of tobacco on account of the gastric troubles which it produced, but had also suffered from nightly attacks which came in paroxysms, and were characterized by a sense of contraction of the chest, with palpitations and neuralgic pains extending to the neck. He was relieved entirely.

2. An indigent farmer, sixty years of age, passed the greater

1. M. Peter places scrofula also among the predisposing pathological causes of angina pectoris.

2. Without seeking to verify in an absolute manner the existence of *simple dyspepsia*, it is necessary to consider that the progress of pathological anatomy has restricted, in a great degree, the dominion of essential or idiosyncratic affections. We believe that this particular form may be doubted. What we have said in relation to chronic diseases relieves us from further criticisms.

3. Loc. cit.

4. Sur l'angine de poitrine. De la influence du tabac a fumer sur sa production. (*Gazette des Hopitaux*, 1862.)

5. *Bibliothèque Homœopathique*, iv, 246.



part of the day smoking. He felt, every month, more or less palpitations and oppression and pains, the latter irradiating to the shoulders. He gave up smoking, and the nocturnal attacks disappeared entirely, and the digestive functions improved. At the end of three months he began to smoke, and the attacks again returned. He again gave up the use of tobacco, and the angina disappeared.

3. A physician of fifty years of age smoked as many cigars as his occupation permitted. For some time he felt palpitations with a sensation of anguish and contractions in the breast, which came in paroxysms day or night. He stopped the tobacco, and the attacks ceased to appear. Later, he was in the company of a number of smokers but did not smoke himself; he could not avoid, however, breathing the air charged with tobacco smoke, and during the night suffered with a fresh paroxysm.

4. A physician, thirty-five years of age, who lived in the province, smoked almost continuously while making his visits or while walking. For a long time he ate little and without appetite. One morning while fasting and smoking, he was seized suddenly, while on his way to see a patient, with a sensation of anguish in the region of the heart and a constriction in the upper part of the chest; he was not able to move or speak, the pulse was imperceptible and the hands cold. The attack lasted half an hour. He gave up the use of tobacco by my advice, and has not had any return of the trouble.

5. A young man, thirty years of age, smoked continually; his appetite failed, and digestion became difficult. While smoking one night he was suddenly attacked with a violent pain in the breast, as if pressed upon by a wheel; his pulse was imperceptible. The attack lasted ten minutes. Frightened, he consented to limit his smoking. The symptoms of angina did not return.

6. An old man, seventy-five years of age, well-preserved and vigorous, smoked excessively in order to drive away grief, notwithstanding occasional light attacks of a sensation of suffocation. One day he was attacked with the symptoms of angina pectoris, the paroxysm lasting half an hour. On the following day he had a second attack; on the morning of the third day he was found dead.

Of these observations, numbers three and six seem to show

the direct influence of tobacco in angina pectoris, with the intervention of dyspepsia.

To these we add another observation. In 1871 we were consulted by a man, seventy years of age, who had suffered for many years with attacks of angina pectoris. A prolonged old-school treatment had failed to give relief. I prescribed various remedies with partial success, due especially to arsenicum; but as a complete cure was not attained, he consented to abandon his pipe, of which he made constant use. The relief was immediate and marked, but the force of habit led him to disregard my advice, and the trouble returned. We learned that this patient was not only a smoker, but that he had suffered for many years with extensive oval patches of eczema upon the thighs; which leads us to question if herpetism and psora-herpetism did not hold a certain pathological influence in the production of angina pectoris in this case. This question merits all our attention and demands further investigation!

The abuse of coffee and tea predisposes undoubtedly to angina, as do, also, all substances which hold an elective affinity to the action of the nervous system and the heart.

Alcohol is still more important from this point of view. Whether it has a specific and direct action, or whether it acts secondarily through cardo-aortic lesions, we are able to affirm, from numerous and confirmatory facts, that angina pectoris is tributary to alcoholism.

We will consider briefly the influence of predisposing causes which are more remote.

Seasons.—According to Pinel, angina is more frequent in winter than in summer.

Climates—Climate holds some relation in the development of this disease; it is certain that it is observed more frequently in England than in France, Spain or Italy. The authors of the *Compendium* have noticed, in this connection, that cold and moist air aggravate and frequently produce neuralgic pains; this will explain why angina pectoris predominates in cold and humid localities, if it is admitted that this disease is of a nervous origin.

Localities.—According to Dr. Carron, this disease is more

1. Syphilis and sycosis included in this etiological problem ought to be susceptible of an extension so great as to be fruitful in therapeutic results.

frequently observed in crowded than in sparsely settled districts.

**Age.**—All authors agree in the statement that angina rarely appears before the fiftieth year. However, Jolly has seen it in a man of thirty years of age; Hamilton observed it in infancy, and Saucrotte, of Luneville, observed it in a girl of eleven years. Dr. Fredault says: "It is an error to believe that angina does not appear before middle life, as is generally stated; I know a man, to-day of advanced age, born of gouty parents, and who suffers from mucous hæmorrhoids, who had several attacks of angina pectoris at the age of fifteen." Dr. Martiny, of Brussels, has observed angina in patients less than forty, and even less than thirty, years of age.

**Sex.**—Men are much more liable to the disease than women. Forbes has observed in 88 cases a proportion of 80 men to 8 women. Lartigue has seen only 7 women in 67 cases, and Lussana gives 98 out of 100 cases in favor of the male sex.

**Constitution.**—We have, according to Desportes, the figure of those who are predisposed to angina: "A medium stature, white skin, red cheeks, and with a tendency to obesity. Men, whose figure is light, skin fine and white, dark yellow complexion, are also liable to angina. Lartigue has confirmed the fact that, among a number of authenticated cases, a considerable proportion was observed among the clergy.

Gilbert Blanc affirms that angina attacks in preference the rich classes rather than the poorer; this is attributed to the excessive use of animal diet by the former class.

The influence of alimentation is, however, as yet insufficiently established.

Heredity, denied for a long time, does not seem to be a cause, at least from the observations which have been accumulated as proof. (Macbride, Hamilton, Gaume, etc.)

**Diseased conditions, epidemics.**—Laennec was not far from admitting the epidemic influence in enumerating the causes of angina pectoris. "I believe," he says, "the influence of a diseased constitution contributes to its development, because I have observed it frequently in some years, and but rarely in others." Kleefeld observed and described, in 1824, an epidemic of angina

1. Loc, cit.

pectoris occurring in Dantzig. On the other hand, Gelineau wrote in 1862 the history of an epidemic of angina pectoris which attacked, in 1858, the sailors on the corvette L'Embuscade.

**Occasional Causes.**—We include under this heading the causes which are capable of exciting the paroxysms. Sometimes these are not appreciable; since in nearly all the cases the first attack occurs when the patient has been walking against the wind, with a rapid movement, or, especially, after ascending a height. It has appeared also during the act of shaving, from overeating, anger, excessive emotions (exciting or depressing), external violence.

The determining causes of the succeeding attacks are of the same nature; according to the degree in which the disease has progressed, a slight cause may be sufficient to produce it; such as: a false step, a slight disturbance in speaking, severe paroxysms of coughing, defecation, or coitus.

It is necessary to observe that the action of all these causes is very much increased if the accident occurs after a meal. According to Lussanna, passive movements, such as riding on horseback or in a carriage, do not possess the same influence.

Sometimes a close study of the causes enables the patients to escape more or less from the paroxysms; for example, those who are attacked when walking against the wind can prevent the attack by walking backwards or in an opposite direction.

## FOLLICULAR DISEASE OF THE NASO-PHARYNGEAL SPACE.

BY J. D. STONEROAD, M. D., MEADVILLE, PA.

Concerning this disease of the naso-pharyngeal space, pathological and therapeutical writers have had very little to say, notwithstanding its prevalency in this climate. The first account we can find of it dates back as far as 1741, and is vaguely given by Van Swieten. From this date until 1846 a perfect blank exists, when Chomel published some special remarks on follicular disease of the pharynx. Shortly after Chomel, Dr. H. Green gave a good description of the follicular disease of the pharyngo-laryngeal membrane, incidentally mentioning a nasal complication.

In 1857, Dr. Buron, of Paris, confirmed Chomel's observations in a thesis. In 1867, de Massy, a French writer, gave us a most exhaustive and systematic work, which furnishes the basis of all recent works on the subject. The disease at this date is well described and learnedly discussed in monographs, as to its origin, pathology, development and duration. To these we refer the reader who desires exactness and minuteness of information.

It is only of late years that chronic inflammation of the mucous membrane and chronic inflammation of the follicles of the naso-pharyngeal space has been differentiated. It had been supposed that the follicular disease of the naso-pharyngeal space—popularly called post-nasal catarrh—was but the propagation of simple chronic inflammation of the nasal passages backward, not recognizing that the disease bore any similarity to follicular pharyngitis. It is true that follicular disease of the vault of the pharynx has been known to supervene on an attack of acute coryza, and it very frequently attacks, or follows, chronic coryza. It is also known that follicular disease of the pharynx commences in the naso-pharyngeal space, and extends downward until it complicates the larynx without one solitary symptom of the character of coryza. It is evident that when the disease does follow either acute or chronic coryza, there has been a diathetic condition existing in a latent state, only wanting the necessary stimulant to put it into action. We are also of the opinion that the follicular disease of the naso-pharyngeal space is identical with follicular pharyngitis in general, it is only localized, and, like the pharyngeal, is a distinct and independent disease, but does occasionally become complicated with post-nasal diseases. In order to graft follicular disease upon coryza, or other diseases of the nose, there must exist a diathetic condition, as above stated.

Follicular pharyngitis of the whole pharynx may, and often does, follow naso-pharyngitis, presenting granulations and depressed interspaces, after the manner of enamelled leather, and covered with every grade of secretions, from the limpid and watery to the tenacious and puriform. We also find disease of the naso-pharyngeal space accompanied with hypertrophy of the mucous and subcellular tissue of the turbinated bones, and with adenoid vegetations, tumors, polypi of the posterior nares. And

when the glandular development of the naso-pharyngeal space becomes excessive, and the adenoid vegetations assume considerable proportions, we have aural complication in the closing of the pharyngeal meatus of the eustachian tube, thus occasioning more or less, and sometimes complete, deafness. But it should be borne in mind that these heterogeneous growths and complications are no part nor parcel, pathologically, of the disease under consideration. And in making our diagnosis, the greatest care should be taken to diagnosticate each separately, and to assign each to its own proper anatomical and pathological position.

The symptoms of follicular disease of the naso-pharyngeal space are seldom recognized in the initial state. It is only when the follicular secretions become so extensive that they fall down from the vault of the pharynx and posterior nares into the middle and lower pharynx, causing a continued hawking and clearing of the throat, that the disease is recognized and brought to the knowledge of the physician. These secretions vary greatly in their physical character. We have seen them in all stages, from the simple watery and almost colorless to the muco-purulent, attached and holding fast to the post-pharyngeal wall, and a rhinoscopic examination will show them hanging in suspended flakes from the vault of the pharynx. In the earlier stages the secretions are limpid and vary in their consistency according to the age and extent of the disease, and are without odor, unless they become viscid and do not leave the secreting surface. In the more advanced stages the follicular secretions become inspissated and hardened, and remain in contact with the mucous membrane; if not removed, they will not only become fetid and emit a repulsive odor, but act as a foreign body and add fuel to the already existing fire. We have known patients to make such effort to get rid of these hardened secretions as to provoke emesis in the attempt. In the first stages of this disease there is no pain, soreness, or uneasiness, except a general fulness, sometimes in the posterior nasal fossa, similar to an attack of coryza, from which, at this stage of the disease, it is difficult to differentiate. One of the earliest symptoms is a constant hawking to clear the post-nasal space of the glandular secretions; later, they may become so excessive as to prevent

sleep, on account of choking from the filling-up of the middle and inferior pharyngeal space.

Follicular disease of the naso-pharyngeal space is essentially chronic, and, when once seated, holds on with a greater tenacity than most any other disease, except of its own class. It will never show the least tendency to get well of itself, though in a vigorous and robust constitution it may be held, in a manner, *statu quo* for a time, but will eventually end in propagating itself upon the remaining portion of the respiratory track, viz: the pharynx, larynx, and ultimately the bronchial tubes, and if there is any latent disposition to pulmonary disease of any kind, it will surely develop it sooner or later. It is, however, admitted that this disease does sometimes maintain its hold on the naso-pharyngeal space only, and no sign of it presents below the vault of the pharynx, except the secretions from above attaching themselves, in their descent, to the post-pharyngeal wall. It is noticeable in cases of this kind that there are post-nasal difficulties, and it is very probable that the follicular dyscrasia existed prior, in a slight degree, and was brought into action by the nasal disturbance.

We have thus far spoken of what we might call the hypertrophic form of the disease, in contra-distinction to the atrophic, which is sometimes found in very old cases. In this latter form there is considerable atrophy, both of the post-nasal and naso-pharyngeal spaces, accompanied with a dry, red, and sometimes parched appearance; the structures assume the configuration of enamelled leather—the secretions are very much lessened, and what is secreted is found to adhere to the mucous membrane, and emits a very offensive odor.

The treatment of follicular disease of the naso-pharyngeal space has hitherto been a stumbling-block to the profession. One modern writer, who has written extensively on the subject, says: "And even to professed throat-specialists there would appear to be no particular method of cure which meets with general approval." We held these same views when we were an allopath. But fifteen years experience with the law of *similars* has convinced us that we can look for a permanent cure of seventy-five per cent. of all cases that present themselves, and for a great amelioration of the balance. In the commencement of our treat-

ment we recognize in this disease an idiopathic diathetic condition, at the same time admitting a liability to complications.

It will then follow, as a natural sequence, that systemic treatment will be the *sine qua non* in the case, scientifically administered to meet the various indications that may present themselves throughout the course of the disease.

Should there be squamous, scrofulous, or syphilitic complications, or a broken-down organism, we will, as a matter of course, meet these with the appropriate remedial measures.

As there are no two cases of this disease alike, we cannot give any particular, or specific, line of treatment. The old-school monographs on this subject are full of prescriptions, the bases of which are mercury sulphur, copaibæ, cubeb, ipecac., caustics, "*et cetera od nauseam.*"

But to the intelligent homœopath it would be a species of egotism to attempt to formulate prescriptions for systemic treatment. The symptoms and their changes must be met in each individual case with the proper indicated remedies, and, if the physician is not equal to the emergency, let him consult his works on *materia medica*.

However, there are certain drugs that have been found from experience to be most likely called for at some time during a course of treatment, viz: silicea, mercurius, iodine, arsenicum, muriatic acid, phosphoric acid, rhus tox., conium mac., sepia, and lachesis.

There is a maxim in therapeutic law, that potent drugs taken internally are eliminated from the system, as they are foreign to it and can find no abiding place. And, also, it is the special office of certain glands to eliminate from the blood material not natural to the system, and to pass it out. It is supposed that the various drugs, thus passing through the glands in their exit, create, or produce, a curative process in some inexplicable manner. This appears to be the action of cubebs, copaib., turpentine, arsenic, and many others. There are some whose seemingly particular point of elimination is the glands of the nose and pharynx; to these belong iodine, cubebs, sod. potass., etc. We sometimes take advantage of this law; first, to get the local effect; secondarily, to effect the elimination which must take place after absorption by the mucous membrane. We



thus use tincture of iodine, gtt. 8 to 10 to the ounce of water, by inhalation through the nose by means of the steam atomizer; also, freshly ground cubebs, nine parts to one of sac. lac. or pulverized gum acacia, administered by insufflation. We find the latter admirably adapted to the dry or atrophic form of the disease in relieving the dryness, and producing a moderate secretion, greatly to the comfort of the patient. We have been experimenting with Yerba ruma for a time, and feel disposed to speak well of it, so far as we have used it as a local application. The formula used is one part of the fluid extract to three of water, to be administered through the nose by means of Messer's nasal douche, in quantities sufficient only to moisten the mucous membrane of the superior and post-pharyngeal wall. One half-drachm through each nostril is generally sufficient. All local treatment is only adjunctive to systemic, upon which we must rely for a cure.

We wish to impress upon the mind of the reader the necessity of remembering that the parts must be kept clean from all secretions.

Our own standing detergent prescription is borax and bicarbonate of soda, two drachms of each to eight ounces of water; this is used with a coarse spray-producer, posteriorly and anteriorly. Never use syringes or hydrostatic douches, as from long experience we have found them to be more injurious than beneficial.

#### QUEEN OF THE MEADOW FOR ENLARGED PROSTATE.

Dr. J. Baugh, of Hamilton, Canada, reports the use of this comparatively new remedy, which has been too much overlooked by the profession. He says, in the *Canada Lancet*, August, 1882: The use of this drug in the treatment of senile enlargement of the prostate gland has, in three cases, given me wonderful results. About ten months ago I was called to see T. B., *æt.* 68, in the city of London, and found him suffering from retention of urine. I had him put immediately into a hot hip-bath, the hot water coming well over the pubes, and administered a drachm of paregoric and twenty drops of Hoffman's anodyne

every thirty minutes. He remained in the bath about fifteen minutes, when hot wet cloths were applied over the bladder. Nearly two hours elapsed before this method of treatment had the desired effect. After the bladder had been evacuated, I found on examination per anum, hypertrophy of the prostate. I then explored the urethra with a No. 10 catheter, found no obstruction, and the instrument glided into the bladder without difficulty. Two weeks subsequent to this attack, I was again called to the same patient. I tried my former method of treatment, but it failed. I also failed to introduce the catheter. Matters were becoming alarming, and I was about to send for professional assistance. when it came from another source, viz: an old woman. She volunteered the information that the patient wanted a dose of Queen of the Meadow (the common name for spiræa ulmaria), and that if he got it, it would cure him in quick time. She said some could be procured in a few minutes. I asked her to get it. It was brought, an infusion was made, and a half-pint given to the patient, and in fifteen minutes he desired to micturate and emptied his bladder without difficulty. Since that time the patient has needed no medical or surgical aid to rid him of his old enemy. If he gets on a spree and his old trouble threatens him, he takes Queen of the Meadow tea and rejoices in being saved. In two other cases of this nature in which I used this drug, the results were just as satisfactory. I have tried it on myself in health, and find that it acts as a diuretic and astringent, since it sometimes causes smarting pain as the urine passes along the urethra. Its anti-spasmodic properties are very marked on the sphincter vesicæ, and I think much of its virtue in the affection named results from its power to overcome the contraction of the neck of the bladder arising from irritation in the prostatic region. It is my opinion that, in many cases of retention of urine from prostatic enlargement, the enlargement is not, *per se*, the main obstacle, but rather the spasmodic contraction of the sphincter vesicæ, as the result of sudden congestion or inflammation of the prostate gland. In conclusion, I would ask for this drug a fair trial by the profession.—*Virginia Medical Monthly.*

## ELECTRICITY—A CLINICAL CASE.

BY S. W. GREEN, M. D., NORWALK, OHIO.

Mrs. A., aged seventy-one, was subject to hard, drawing pains, with faint sinking sensation in the epigastric region, producing retarded and weak action of the heart, difficult respiration, cold sweat, and general prostration. She had for several years been subject to these paroxysms, not always so severe, but twice had just escaped fatal termination. When residing with a relative, some distance from town, this neuralgia, as it was termed, assumed a constant but less severe form, and in order to secure any degree of freedom from pains and distress, opium was ordered by one of the dominant school. This drug soon became a daily necessity, so much so that considerable quantities were consumed.

By this time the expense became so burdensome that relatives decided to make an effort to get rid of this opium habit. Mrs. A. was removed to town, and placed under my care. Some time before this case came to hand, I had treated a similar one successfully by gradually diminishing the quantity of opium consumed, at the same time giving considerable quantities of strong decoction of green coffee, and finally had finished the treatment with grain doses of atropine.<sup>22</sup> I attempted the same course of treatment with Mrs. A., but as the usual dose of opium was lessened, the original difficulty returned, so that the struggle was not only against the original but the artificial opium disease. At this juncture I determined to ignore all drug-treatment and try electricity. The result was a speedy and radical cure. With six days treatment both the desire for opium and the neuralgia were entirely overcome.

Treatment was as follows: Beard & Rockwell's plan of electrization was followed, by placing a moist sponge over the cervical region, in connection with the negative electrode, holding the positive in my left hand, with my right hand kept moist in warm water. I applied the current over the upper portion of the abdominal region. Each seance was continued about ten minutes with the A B current, and so mild that it was not at all perceptible to the patient. The result was as above stated: no return of the pain, and there remained no desire for opium.

## VISION IN THE LOWER FORMS OF ANIMAL LIFE.

BY F. PARK LEWIS, M. D., BUFFALO, N. Y.

[Read before the Field Club of Buffalo, N. Y.]

In the economy of nature the tendency in the development of an organism is to a complete adaptability of the creature to the purposes for which it was designed. If the habits or environments are such as to necessitate an excessive development of certain tissues, if strength or speed be required, if agility or dexterity are needed, the form is given by which these demands are met. The functions in analogous organs being different in different forms of animal life, these organs are variously modified even in those of the same species living under different conditions. In the bird, for example, if the habits are aquatic, the toes are webbed and the contour is adapted for swimming. In the shore birds the legs are long for wading, and in the larger and heavier land birds, not capable of long and sustained flight, the legs are strong for walking and running. The habits of the creature, too, may determine the manner in which a given result may be reached. The blood of both birds and of fishes must be rejuvenated by oxygen, but it is drawn in the one instance from the atmospheric air, and in the other from the water. Reverse the conditions, and to each death must immediately ensue. If, therefore, special functions are demanded of any creature, organs are given by which the performance of these functions may be made possible. If, on the other hand, supernumary organs have been given, or organs which from altered circumstances are no longer necessary, they cease to have functions, and ultimately cease to exist. Whether the special development is the result of the surroundings, or whether in her organization nature designs always perfect adaptability of the creature to the place, we may not discuss in the few minutes permitted for this subject. Indeed, we may only in a very cursory way glance at some of the many interesting facts which it suggests, and in illustration will take the visual function as found in the lower forms of animal life.

In order that we may the more readily comprehend the structural relations, you will permit me to recall to your memory some of the features of the eye of man as representing the highest and

most complicated organization. I had almost said the most perfect: but perfection is an exact fitness for a designed function, and in as much as this object is accomplished, the primitive eyespeck of the lowest of created beings is as perfect as the eye of man. "Machines of human construction admit of being variously estimated, as they are found to be more or less adapted to accomplish the object of the contriver," says a noted anatomist; "but in estimating the works of Deity, all degrees of comparison are merged in the superlative; everything is best, completest, perfect."

The human eye is set in a bony orbit, and freedom of motion is permitted by a cushion of fat on which it rests. It is moved by means of muscles attached to the surface, and which, by their combined action, move the ball in all directions in the same plane. Unlike the eyes of some of the lower animals, as we shall see, both eye-balls, in a normal condition, move together, so that both are at the same time directed upon the same object. The eye-balls are protected by the lids, which are muscular and lined with soft mucous tissue. The interlacing lashes are still further protective, preventing floating particles of dust from passing them. The form of the eye-ball is retained by a dense fibrous structure termed the sclera—or hard coat of the eye—and is continued forward in a transparent structure of equal density—the cornea. The next coat within consists almost wholly of a vascular net-work, with immense pigment cells. It is continued entirely in the iris, the opening of which constitutes the pupil. The retina within consists of receptive nervous elements which, passing through the optic nerve, convey impressions of light to the brain. The eye is filled with humors having various refractive indices. The aqueous, filling the anterior chamber, is little more than slightly saline water. The vitreous, filling the body of the eye, is of about the consistency of honey, while the lens, still denser, rests between. Each of these structures is modified, or, except in the nervous elements, replaced by others, or even altogether absent in some of the lower forms of animal life, as their conditions may require.

In the simplest forms of life, for example, in which an undifferentiated protoplasmic mass performs all the simple functions of a creature whose end is simply to be and to perpetuate its

kind, nervous elements are unnecessary, and no trace of an eye is to be found. So too, in high forms in which vision is not essential to the creature, either from its habits or surroundings, the eyes are wanting. In underground water courses and in cave streams, such as those found in Indiana, Kentucky, and Michigan, and in the noted caves of Camiola, a species of fish (amblyopsis) is quite blind, while another, which Darwin tells us is found nowhere but in caves (the anophthalmus), is wholly destitute of eyes. Life in these gloomy caverns is by no means abundant, but in almost all of the living creatures vision is either absent or defective. In some of the crabs the foot-stalks for the eyes remain, though the eye itself is absent. Several species of insects which are quite blind are found in the shady shelter of rocks in other localities. An exceedingly interesting fact is noted by Professor Silliman in reference to some of these cave-dwellers. He captured two of the rats (*neotoma*) about half a mile from the entrance of the Mammoth cave, and not therefore in its profoundest depths. The eyes were large and lustrous, but quite blind. After they had been carefully exposed for a month to a graduated light, they began to acquire a dim perception of objects.

The mole, living underground almost entirely and only venturing out at rare intervals, is popularly supposed to be blind. The eyes, although present, are indeed quite small and so hidden by the coarse hair as to be not readily discovered. Another little burrower—a South American rodent—the tucutuco—is frequently blind. But the loss of eyesight, which occasions the animal no inconvenience whatever, is said to be due to an inflammation to which it is especially susceptible. Abnormalities of structure are frequently found in all grades of life; and quite recently an instance came under my notice of a child born with mere rudimentary eyeballs—each being scarce larger than a pea. It is understood, of course, that the eye is but the medium through which light-rays are transmitted to the brain, where the sensation is recognized. The simplest channel through which these impressions may be carried is the *eye-speck* or *oscellus*. In the lamprey, the leech, and many other of the lower forms of life, a simple nervous filament leads from the central nervous mass to this spot. The leech has eight or ten of these ocelli situated

above the mouth. Each is covered with a transparent layer of skin corresponding to a cornea. Beneath this is a minute quantity of pigment rendering these specks visible. Of course, these very primitive eyes are capable merely of transmitting light-rays, and even possession of this function is doubtful. Owen points out the interesting fact that the number of species in which the eye is unfit for vision is much greater in the air-breathing than in the water-breathing hæmatocrya.

Among the very simple forms in which we find the eye is that of the mollusk. Many varieties are wholly eyeless. According to Siebold, the eyes usually consist of little round bulbs concealed beneath the skin. As in serpents, however, the skin at this point is transparent. Each bulb is somewhat expanded posteriorly, as in a sclera, and more anteriorly, as if forming a cornea. This is lined by a pigmented choroidea, continued anteriorly till its free edge forms a pupil. Whether this pupil is ever movable, or not, has yet to be ascertained. In some species, as Burnett points out, the cornea is very convex, making the ocular bulb quite long. The ball is filled with a transparent fluid enveloping a crystalline lens. It would be an interesting study, if time permitted, to follow, in the order of their complexity, the visual organs throughout the varied forms of animal life; but in the rapid sketch designed we may look only in a most cursory way at some of the more unusual features that may be suggested. The crustaceans present in the eye the widest differences of development. In some of the lower forms the simple eyes are transitory, occurring only in the early stages of their lives, and as they undergo certain metamorphic conditions the eyes are also changed or lost. The females of certain classes are frequently eyeless, while the males possess visual organs. One variety of little whirling creatures (cirripods), in which the eye was supposed to be absent, was observed by Siebold to be exceedingly sensitive to light. The slightest shadow falling from his hand would drive them like lightning into their cells. The number of ocelli in these creatures varies greatly, sometimes but one being present on either side, often four, or eight, or even aggregations of twenty to forty of these simple eyes being present. To each one of these a filament from the optic nerve is carried. With these simple eyes, or replacing them, may be compound eyes. These consist merely

of two, or more, simple eyes placed together and curved by a transparent membrane which answers for a cornea, and are, as we will see, an approach to the faceted eyes which appear a grade higher in the scale of life. A very remarkable condition of the eyes is ascribed by Dana to one of the lower forms of crustaceans (the corycaeous). The eyes are simple and two in number. The cornea, which is firm, is intimately attached to the shell. The corneas are immense in size and are corioided-spherical, or parabolic, and actually act as a pair of spectacles to the near-sighted lenses within. The higher forms of the crustacea have faceted eyes on foot-stalks that are movable at the will of the animal. In the lobster, for instance, these are quite protuberant, and are hence in danger of being covered by mud or sand. To remove this, a delicate brush is provided by which they may be cleared from time to time.

In spiders, and others of the arachnida family, the eyes are always simple and placed on stemmata or little arms, but in number, size and position the variation is great. With some, the eyes are lateral, with others are extended along the back. Here as elsewhere the formation is in harmony with the necessities and habits of the creature. Some of the species hang suspended in their webs, while others obtain their prey in cracks, crevasses and fissures, rendering a large field of vision necessary. Siebold notices that in the diurnal species the pigment is green, reddish, or black, while in those of nocturnal habits the tints are of resplendent brilliancy.

In the insect world the varieties of form and of function of the eye is wonderfully interesting. Here, as with the crustacea, we find the same creature at different periods of its existence with greatly different visual organs. Many of the larvae and pupae are wholly without eyes, acquiring them after passing through the imago state. Others have simple eyes at first which vanish or become changed into faceted ones later. A faceted eye, as I have said, is merely an aggregation of simple ones, each taking its shape from the pressure of its neighbors. Each facet consists of a convex cornea, and directly back of it, under the surface, a small globular lens, behind the lens a kind of vitreous humor upon which a nervous filament is spread. This is altogether surrounded with pigment which was supposed at one time com-



pletely to cover the cornea, but recent investigations have shown that it gradually grows thinner till at the center it is completely absent, forming a perfect pupil. The nervous filaments unite into secondary trunks, which, passing through a layer of pigment called the common choroid, ultimately reach the central nervous mass. The evident object of this many-sided eye is the attainment of a wide field of vision with limited movement of the head. the manner in which each individual ocellus performs its function is doubtless by exclusion. As in the human eye, there is but a single point in which vision is distinct, in all others the impression being vague and indefinite; so quite likely as each one of these simple eyes is employed, to it alone is a clear visual impress conveyed, to all others the impression being modified.

In creatures living under water it is obvious that an optical construction quite unlike that of terrestrial animals will be necessitated, as it will be remembered that light rays are modified by density of the media through which they pass. If the human eye, constructed to focus rays of light coming through our atmosphere, be immersed in water, in which the refractive index is that of its own fluids, the image will be very imperfect and indistinct. It will be evident, therefore, that some provision must be made in the eyes of fishes to meet this difference. This we find to be actually accomplished, in what manner, we will examine presently. The variations in the size, shape, and contour in the eyes of fishes are very great. In some, the eyes are turned upward, in others outward, and, in a few, downward. In the halibut the eyes are normally directed upward, but below the eye socket is a reservoir which, at the will of the fish, may be filled with water, and the eye turned upon its axis, enabling it to see directly forward, the optic nerve being long and so thickly coated by a fatty insulator as not to be chilled by contact with the water. In some of the flat fish both eyes are on the same side of the head; in a few varieties, the eyes are of enormous size, indicating either that the fish lives far below the surface where but little light can penetrate, or that its habits are nocturnal.

In fish that grovel in the mud, the eyes are usually aborted or absent. The pupil also varies materially. In most of the fish tribe it is round, sometimes vertically elliptical, occasionally horizontal. In one of the fiercest of the sharks the pupil is quad-

rangular. In the ray and the skate an opaque fringe descends from the iris across the pupil, cutting off and modifying the light as by a curtain. It is the refractive system, however, that is especially interesting. The crystalline lens, it will be remembered, is usually of high refractive power. In man its relative position is unchanged, its convexity alone varying. In many of the fishes, however, the lens is more convex than in the air-breathing animals, often being a sphere, occasionally an oblate spheroid even. It will be obvious, in these cases, that no greater focal power can be given by increased length, so the lens has certain muscular attachments that permit its movement as a whole. It is therefore advanced toward the cornea or retracted toward the retina as occasion may require. The eye of the cuttle fish is especially remarkable. It is immense in proportion to the size of the head, and is completely enveloped by the orbit, which posteriorly is cartilaginous and anteriorly transparent. Beneath this is a serous cavity permitting mobility of the globe. Directly beneath the skin—without the semblance of a pupil—is the naked lens. This is inserted as a cornea might have been, between the layers of a firm membrane, corresponding to a sclera. The optic nerve, before entering the globe, swells out in a great gangliform expansion; the nervous filaments passing through the cribriform plate enter the eye. Upon the membrane, considered as the retina, is a pigment layer through which light cannot pass. So the delicate layer within this must consist of nervous elements. The manner in which rays of light are focused in such an eye, cannot but be interesting. The lens is, however, of great refractive power. It consists actually of two lenses joined, the separated edges being filled with opaque tissue. By means of this telescopic apparatus an exceedingly short focus is formed on the proximate retina. The water acting as a lubricant, no lachrymal apparatus is necessary in fishes. In such as may live out of water, such as the climbing fish of Ceylon, some peculiarity of construction doubtless retains the brilliancy. The probabilities are that fish never see very acutely.

With birds, on the other hand, vision is often very keen. The eagle is said to fly unblinded directly toward the sun. This is not so much due, however, to the strength of the eye as to the protection afforded by a third eye-lid which birds possess, which

is semi-transparent and can be slipped before the eye when occasion requires. Audubon's experiments have determined long since that the turkey buzzard does not discover its carrion prey by smell, but detects it by the eye, even though it be very remote. The range of accommodation is so great that it is effected in two ways. There is, in the eyes of birds, a special mechanism termed the marsupium, an erectile vascular membrane, pigmented like the choroidea, and attached to the back portion of the eye beyond the limits of distinct vision. The eyes of birds are normally directed to either side to give the widest possible field of view. By contraction of this membrane the lens will be turned in such a manner as to permit the bird to see directly in front. The more nearly parallel the eyes, the smaller this membrane is said to become. The shape of the eyes in birds is also peculiar. The cornea is exceedingly prominent, and capable of assuming an altered curvature, and this, assisting the lens, participates in the effort of focusing rays upon the retina, and permits an extended range of vision.

In serpents, the eye is beneath the skin, which at this point is transparent. This gives to the eye of the snake the steady glare so fascinating and terrifying to its victims. During the exuviating period this membrane becomes opaque, and the reptile usually retires to some secluded spot during the temporary blindness. A very practical and interesting fact, not generally known, is that, while harmless serpents have usually round pupils, in those of the venomous the pupil slit, like as in the cat.

The eyes of mammals generally differ but little in their anatomical construction from those of man. While carnivorous animals usually look directly before them, their victims have the power of rolling the eye backward, the better to avoid pursuit. The tunics and humors are, for the most part, the same. In the whale the arrangement more closely resembles that of the fishes. The pupil in grazing animals is usually horizontal, to give a wider range of view; in the smaller members of the cat family vertical and slit-like, but in the larger ones usually round.

In the tortoise a remarkable and, I think, unique provision is found. Back of the eye-ball is a verticulated fibrous structure capable of being inflated at the pleasure of the reptile, and protruding the eye from the head. The air can be immediately

exhausted, so that on rapidly retracing the head within the shell the eye sinks in the orbit, and is saved from injury.

But I am reminded that I have already much exceeded the limits of my time and your patience, and I am unwillingly obliged to cease. The theme is, however, of the deepest interest, and its closer study in its varied ramifications will abundantly repay the student of natural history.

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## THE SCHOOLS OF MEDICINE.

BY R. O. BEARD, M. D.

Nothing is so popular as prejudice, and no prejudice so popular as that resting on a supposed scientific basis, or backed by reputed scientific authority. Always obstructive to the spirit of progress, it is peculiarly so when related to a subject so closely concerning the interest of the people as the study and treatment of disease. In these physically degenerate days the avoidance or remedy of the thousand "ills which flesh is heir to" is a question of well-nigh universal import. The urgency of this common need offers a partial reason for the adoption and perpetuation, by the public mind, of the differences which are supposed to exist between the two great schools of medicine; while, at the same time, it measures the greatness of the misfortune of the fact.

Rooted in the professional ignorance and bigotry of almost a century ago, fostered by the bitter rivalries and exclusivism of opposing theorists, these differences have been taken-up and fed by popular opinion, until they seriously embarrass the progress of medical knowledge, and tend to destroy all faith in the science and art of healing.

The medical fraternity at large, and of both schools alike, is responsible for this unfortunate condition of affairs. When professional men, who, supposably, represent the best phases of liberal thought and theory, lend their names to the partisanship of mere theory, and array themselves under sectarian titles which signify their adherence to an exclusive dogma, it is small wonder that the laity should follow in their footsteps, and cast their views in the yet narrower mold of unreasoning prejudice.

And, as professional hands have sown this seed of error, it is

they who must gather its barren harvest, and uproot the tares of false opinion from the popular mind.

The recent agitation in the ranks of the one school of medicine, of the question of establishing consulting relations with duly qualified members of the other, presents a good opportunity of offering to the general reader a few facts which may serve to illumine existing error, and prepare the way for the appreciation of some generally unrecognized truths.

It may be safely asserted that the chief obstacle which the profession has to encounter, in the attempt to harmonize the hitherto conflicting systems of medicine, is the existence of so violent a prejudice among the people in favor of one school or the other that the doctor's income is liable to suffer as an effect of any concession to his liberal convictions.

When an unknown physician appears in any community, and solicits a share of public patronage, what does the inquiring public first demand to know concerning him? Does society take the measure of his social standing, or estimate the quality of his moral character and training? Do his prospective patients seek evidence of his professional ability, his special acquirements, or his general scientific culture? No. They submit him to no such crucial tests as these. They content themselves with asking the one grave question, "Is he allopath or homœopath?" and, having reply, assign him, according to their prejudices, to an immediate place in their mental register, as possibly useful or probably imbecile. What important principle, then, lies back of this oft-repeated inquiry to account for its unfailing repetition? What significance is attached to these opposing terms, and whence is it derived.

In the first place, the words "homœopathy" and "allopathy" have a common authorship. The great founder and apostle of the homœopathic school, Dr. Hahnemann, was responsible for their coinage and introduction to the public. With the one, he proposed to christen the creed which embodied his own peculiar tenets; by the other, to throw into sharp contrast the system of the older and established school.

It is worthy of remark that his followers have, until recently, accepted, with singular uniformity, their leader's distinctive term, while his opponents have always, and with few exceptions,

repudiated the name thus contemptuously bestowed upon them, and which has fastened itself to them through the influence of popular usage. The definition of these terms is somewhat obscure. Homœopathy does not now possess, *in toto*, its original significance. In its earlier day it represented a *group* of dogmas, which most of its younger disciples disown. Infinitesimal dosage, increased potency by means of dynamization, the unification of disease, etc., have ceased to be *essential* planks in the homœopathic platform. According to more recent interpretation, it may be defined as a system of medicine based upon the *one theory*, "*similia similibus curantur*," or the doctrine of a similarity existing between the physiological and the curative action of drugs.

Allopathy, on the other hand, may be said to mean—in so far as it means anything—the application of medicine upon the principle "*contraria contrariis curantur*," or a system founded upon the belief in a certain antagonism discoverable between drug-action and disease.

Upon the face of these definitions, seemingly irreconcilable differences exist between the two leading schools of medicine; differences which, if borne out by the *facts* of to-day, furnish ample excuse for this persistently anxious inquiry of the public. That the present status, however, of medical science affords no adequate support to this popular idea of a hopeless variance is clearly susceptible of proof.

When Hahnemann promulgated his new and remarkable dogmas, they certainly came into direct collision with the then-accepted opinions and practice of the medical world. They were conceived and brought forth in an age of heroic measures in medicine; an age, too, when the lancet and its auxiliary depletives were accounted the unfailing panaceas of all human ills in which failure was not a foreordained fact.

The homœopathic tenets rushed to the other extreme of theory, and, in practice, won the faint praise of doing at least no *injury* to human life. But, starting thus from widely separated points, the two schools have steadily traveled forward along paths set in inevitably convergent lines. The unbridged space which lay between them a century ago has been narrowed imperceptibly in their onward march, until men discover with surprise that to-

day, across the intervening chasm, they can safely join their hands; and that, by mutual approaches, they may soon walk side by side, in common effort for the relief of humanity, and yet keep steadily "abreast of truth." Unconsciously receiving the impress of its opponent's teachings, the older school has learned, first, to *loosen*, and then to *minimize* its doses; to improve the preparation of its drugs, and to seek for better forms and methods in their administration. If it can boast the direct salvation of no greater number of lives, in consequence, it is at least responsible for fewer deaths. Its distinguishing characteristics have ever been an active spirit of investigation, and the consequent widening of the limits of its medical faith.

The homœopathy of to-day has also shaken from its feet the dust of more than one worthless theory. Although within its ranks are still numbered some so-called "high-dilutionists," its leaders have long ceased to insist upon infinitesimal dosage as an essential principle of treatment. Not a few of its representative men administer many of their drugs in crude form, as the rule rather than the exception of practice. If it still clings to its central dogma, its principal adherents no longer claim for it the respect or merit of a *universal law*. That it serves as a good indication for the use of certain drugs, in the treatment of many conditions of disease, few careful students of materia medica and therapeutics will deny. \* Witness, as instance, the physiological as related to the curative action, in some particulars, of aconite, ipecacuanha, turpentine, nux vomica and its alkaloid, strychnia, and camphor. Explain the action in any way we choose—as substitutive, as the primary differing from the secondary effects of the drug, etc.—the relationship of similarity, however problematical its value, still remains.

Not seldom has the reproach been cast upon homœopathy that it possesses no literature worthy of the name; that its followers can boast no valuable discoveries or original research. In the main, the criticism is just. But, in this one department of medical science, the profession has received at its hands an incalculable benefit. It claims, and for the most part rightly, the credit of advancing, directly or indirectly, the study of the *physiological action* of drugs, as related to the alleviation and cure of disease. The careful experiments thus set on foot have thrown a

light upon the selection and intelligent use of remedies which has largely revised the old system of therapeutics. Homœopathy has, undoubtedly, given to the world the revelation of more than one valuable truth, and the profession and people alike owe to it, in the persons of its advanced thinkers, the gratitude of respect and recognition. In short, as "every student is a debtor to his whole profession," so the schools of medicine are mutually beholden to each other. The same influences which have modified the one sect have served to liberalize both. The practical result, as already manifest, is of greater interest to the public than are the steps by which it has been reached. A careful study of the course of treatment commonly pursued by leading practitioners, and recommended by the highest authorities in the two schools, reveals the fact that, in *eighty* selected forms of disease, representing maladies of every type and every stage, six-tenths of the remedies employed by these supposedly-rival schools are identically the same in kind, and differ only in respect of dose. The variance is no greater than probably exists between the respective methods of practice of any two physicians of either school. Were disease an entity, and its types invariable, we might look for the establishment of a universal law of therapeutics; but, considering all the varying conditions of age, sex, temperament, habit, hereditary tendency, personal idiosyncrasy, climate, and general surroundings, it is, in the nature of things, impossible. Between homœopathic and "regular" physicians there is but one legitimate ground of quarrel—and herein the latter have sufficient cause of complaint—namely, the continuance, by their old-time opponents, of name and title suggestive of rigid exclusivism, indicative of their supposed arrival at the *ultima Thule* of medical research, and their adherence to a universal dogma, to which, as such, they can no longer honestly adhere. Why should it not be possible for a guild of men, interested in so grand an object as the relief of suffering and the conservation of human life, to join cordial hands with their fellow-laborers in a common cause, and content themselves with the unequivocal name of *physician*, and the honored and honorable title of *Doctors in Medicine*? Let this once be *un fait accompli*, and we may rest assured that the good sense and mutual interests of the two great schools will speedily draw them together,



in a process of mutual absorption, which will give a new impetus to the *growth of medical science*, and contribute immeasurably to a more successful, because more rational, treatment of disease.

The New York State Medical Society, representing the head and front of the profession in this country, has recently taken an initiatory step in this direction, by striking out and changing certain clauses in its ethical code which prohibited consultation with duly qualified homœopathic practitioners. Despite the unfortunate action of the American Association, in setting the stamp of their useless disapprobation upon this timely step, a thinking public must needs declare itself in approval of the New York Society. It has but constituted itself the vanguard of a movement which will soon be followed by all liberal men in the profession, and must, ere long, sweep away those petty obstacles to the progress of medicine, which, causing the disunion of its disciples, have limited its usefulness, weakened its experimental conclusions, and brought upon it the popular reproach of disagreement.

Many, it may be, of the older generation of physicians—minds which have crystallized unchangeably to the form of early ideas—must “pass away before these things are fulfilled,” but they who are stepping forward to take their places in the great struggle with disease and death, will have their hands strengthened by a more conscious unity of work and purpose with their fellows, to which the profession of medicine has long been a stranger.

The principal barrier, let me repeat, to the attainment of this desired end lies, not within professional lines, but in the existence of this unfortunate prejudice among the people. When patients demand to be assured that a medical practitioner is—not an “allopath” or a “homœopath,” but—a reputable and well-educated *physician*, then will the folly of “exclusivism” be made manifest, not alone to the *mind*, but to the *pocket* of the profession; and then will medicine, unembarrassed by the strife of schools, rise to her possible place as a more successful, *exact science*.

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#### MICHIGAN STATE BOARD OF HEALTH.

The Michigan State Board of Health held its regular quarterly meeting at its office in Lansing, Mich., on January 9th, 1883.

There was a full attendance of members of the board. Among the measures proposed and discussed the following are of especial interest: Measures to ensure more thorough inspection of illuminating fluids, and a resolution requesting congressmen from this state to introduce into congress a bill to appropriate \$25,000 to enable the National Board of Health to aid state and local boards of health to prevent the introduction of contagious diseases and their spread from one state to another, by means of the immigrant inspection service. The following resolutions, carried, explain themselves:

*Resolved*, That the Committee on Legislation etc., and the Committee on Buildings, jointly, be requested to take into consideration the feasibility of the suggestion made at this meeting by Hon. James Heuston, M. D., for a state law requiring all plans for new dwellings to be submitted to the local board of health for approval.

*Resolved*, That there should be required of all who are to begin the practice of medicine in this state an examination as to their qualifications.

*Resolved*, That such examination by the state should be restricted to questions in demonstrable knowledge as distinguished from questions of mere opinion.

*Resolved*, That, as a public health measure, these two resolutions be referred to the president and secretary with a request to do what they can to further the objects of the resolutions.

The American Public Health Association has recommended making it a penal offense to communicate a contagious disease. The Committee on Legislation was requested to modify the bill so as to name diphtheria, scarlet fever, and small-pox, and to get the subject before the legislature.

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### SOCIETIES, ETC.

The Thirty-Second Annual Meeting of the Homœopathic Medical Society of New York will be held in the Court of Appeals' room, new capitol (north entrance), Albany, on Tuesday and Wednesday, February 13th and 14th, 1883. The session will open at 10 A. M., of the first day, and the annual address will be delivered by the president, Dr. Jas. J. Mitchell, of Newburgh, in the Assembly Chamber, new capitol, on Tuesday evening.

## OBITUARY.

SIMON P. STARRITT, M. D.

Dr. Starritt was born in Hopewell, N. B., Oct. 9, 1845, and was therefore in his thirty-eighth year. As a young man, his life was a constant struggle against adversity. For three years he served in Hatch's battalion in a sort of guerilla warfare against the Indians, enduring manifold hardships. In 1875, after manfully fighting his way against poverty, and, indeed, aiding in the support of his aged parents, for five years, he graduated from the University of Minnesota, receiving the degree of B. A. No man was ever more popular or respected about the University than "Old Simon, the sage of Monticello."

After graduating, he began the study of medicine with Dr. W. H. Leonard, of Minneapolis, and in 1875 received his degree at Hahnemann Medical College, Philadelphia. With the two degrees granted by that institution—M. D. and Doctor of Homœopathic Medicine—the doctor received the second prize for general proficiency, the silver medal.

The doctor's character was a noble one in every sense of the word. Modest, almost to a fault, entirely self-forgetful, yet, with a clear head and sound logic, few men were better suited to his profession. Although constantly harassed by pecuniary difficulties, his genial smile never failed, his warm heart never grew cold, or his tongue cynical.

His professional success had been excellent, binding to him most closely the community among which he had moved for only two years. For the past three months he had treated over fifty cases of diphtheria, losing not over 10 per cent., as his private records testify. Unfortunately, no notes are left to us of this valuable experience.

He leaves a wife, formerly Miss Elizabeth Murray, of Excelsior, married Oct. 30, 1881, but no children.

The following resolutions were unanimously adopted by a rising vote, at the last meeting of the Homœopathic County society:

Whereas, Sudden death has taken from our number Dr. Simon P. Starritt, in the midst of an unusually promising career of usefulness; therefore be it

Resolved, That we, the members of the Hahnemann Medical society of Hennepin county, deplore the loss of a noble, true-hearted friend, the sudden ending of a life given to self-sacrificing and humane acts, and the closing of a medical career of great promise. We believe he fell a sacrifice to humanity, since, in his self-forgetfulness during the late epidemic of diphtheria in his adopted town, Anoka, he unnecessarily exposed his own life in the performance of what he deemed his professional duties. We shall miss his counsels, even beyond his years, his sound logic, his rare sense of justice, and his uncompromising adherence to truth in which he believed. We believe that homœopathy throughout the state will feel his loss, both now and in the future, and that this community will miss a most estimable Christian citizen.

Resolved, That we extend our sympathies to the bereaved wife and relatives in their loss of a noble, loving husband, son, and brother.

Resolved that a copy of these resolutions be spread on the records of the society, and copies given to the daily press and to the family of the deceased.

W. E. LEONARD,  
H. W. BRAZIE,  
J. F. BEAUMONT,  
Committee on Resolutions.

# THE MEDICAL COUNSELOR

"*Amicus Plato, amicus Socrates, sed magis amica veritas.*"

H. R. ARNDT, M. D.,

EDITOR.

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## EDITORIAL.

DR. R. O. BEARD ON "THE SCHOOLS OF MEDICINE."—The paper of Dr. Beard, reprinted in the last issue of the COUNSELOR from *The Popular Science Monthly* of February, 1883, is in many respects utterly unlike all other contributions upon the same subject from members of the dominant school of medicine. Instead of an affectation of utter horror at the stupidity, dishonesty, and hatefulness of all homœopaths, he is sufficiently just to acknowledge not only the existence of a certain measure of intelligence and respectability among the followers of Hahnemann, but does not hesitate to admit that homœopathy, by its persistent efforts to create a reliable, i. e. pure, *materia medica*, has actually done considerable to advance medical science. "But in this one department of medical science, the profession has received at its hands an incalculable benefit. It claims, and for the most part rightly, the credit of advancing, directly or indirectly, the study of the *physiological action* of drugs, as related to the alleviation and cure of disease. The careful experiments thus set on foot have thrown light upon the selection and intelligent use of remedies, which has largely revised the old system of therapeutics. Homœopathy has, undoubtedly, given to the world the revelation of more than one valuable truth, and the profession and people alike owe to it, in the persons of its advanced thinkers, the gratitude of respect and recognition." This, in an avowed regular, is language so utterly at variance with the spirit manifested by his colleagues, that we fear the good doctor will have to undergo severe discipline for his temerity. But how much more manly in Dr. Beard to grant us the merit of honest and successful work, even though in but one direction, than to stoop to the idle sneers and vile slanders which form the gist and cream of nine-tenths of the editorials and papers concerning homœopathy written by the disciples of "scientific" medicine, a subject, by the way, of which many of these self-appointed critics are shockingly ignorant!

That Dr. Beard stands upon a plane infinitely higher than that occupied by an overwhelming majority of his professional associates, is shown by the motive which leads him to wish for the coming-together of the various schools of practice. While Dr. Beard expresses the conviction that a "process of mutual absorption will give a new impetus to the *growth of medical science*, and contribute immeasurably to a more successful, because more rational, treatment of disease," the very "scientific," "regular," intensely candid gentlemen from

New York justify their action at Albany, in 1882, by urging that the adoption of the new code "will place the profession beside that of France and Germany, where the policy of ignoring rather than of actively opposing homœopathy and other dogmas is successfully pursued," and by gravely stating that "it gives opportunities for showing that the surest way to vindicate the superiority of scientific medicine is to let it come in contact and comparison with charlatany" (see *Record* or *New York Medical Journal*, February 3, 1883).

So far as the latter statements, made by a correspondent of the *Medical Record*, are concerned, we will only say that homœopathy in France and in Germany is by no means as "dead" as its old-time opponents would like to see it; the growth of the promising child has been only retarded, perhaps stunted, by the immense power of government influence dextrously manipulated in behalf of the dominant school of practice. But this cannot last forever.

In his desire to establish the superiority of scientific medicine over the other school of practice by bringing the two systems into contact and comparison, the correspondent of the *Record* perpetrates upon himself and school one of the hugest jokes mortal man has ever conceived. It is absolutely too funny for anything! For long and weary years homœopaths have sought and prayed for just such chances to make comparisons; have labored without ceasing to secure a foot-hold in government and private hospitals and asylums; have petitioned legislatures and labored with official boards; have spent freely of their strength, time, and money—to encounter at every step the bitterest and most unscrupulous opposition from old-school physicians, individually and collectively—and here this anonymous correspondent of the *Record* holds out as a "special inducement," as a veritable sugar-plumb, the thing the thought of which has ever brought dismay and utter horror to the "regularly" constituted member of "scientific medicine." Pshaw! The brilliant correspondent of the *Medical Record* might, and should, know that his "new code" is bound to be defeated if he makes his colleagues believe that its adoption would lead to a "comparison" of the relative merits of the schools of practice.

The assertion made by Dr. Beard that the abandonment by homœopaths of "name and title suggestive of a rigid exclusivism," in other words: a surrender of their organization as a school, would give a new impetus to medical science, is plausible, but, it seems to us, quite incorrect. *Homœopathy is not so much a species of bigoted, stubborn "exclusivism" in medicine, AS IT IS A SPECIALTY IN THERAPEUTICS.* We, as a school, have, for a long series of years, devoted ourselves to the task of determining whether, or not, a certain proposition, i. e. *Stimilia stimilibus curantur*, made by one Samuel Hahnemann, is correct; and, to arrive at a satisfactory conclusion, we have incidentally devoted a goodly share of our time to the study of the properties of drugs so far as they affect the human organism both in health and in disease. Whatever we have accomplished, be it much or little, we have accomplished only by our devotion to this one great task, at the exclusion of almost everything else; had it not been for this long-continued, special effort in one direction, there would have existed no occasion for Dr. Beard to speak kindly and appreciatingly of our work, and the comparatively intelligent therapeutics of the dominant school of the present would probably not exist. In spite of untiring zeal on our part, our work is not yet done. There still lies before us an immense field, rich in promises of an abundant harvest; the tillers of this field must come, and can come only, from

the ranks of our school; moreover, the task before us can only be performed by organized effort and by the systematic co-operation of a great many active and earnest workers in the same direction. Who but the homœopaths will prove new remedies and re-prove the old? Who but the homœopaths will use these remedies at the bedside patiently and perseveringly, thus to determine their clinical value? Who but the homœopaths will revise and condense the immense material accumulated, without sacrificing the value and destroying the reliable character of that which we now possess? Who, but those who are sincere believers in the law of the similars, will, or can, determine whether, or not, this law is universal, and if not, where, and under what circumstances, it becomes inoperative? Will those who have ever confessed unbelief in it, experiment with it faithfully, not to say intelligently? If it is really true, as Dr. Beard affirms, that by our methods we have advanced "the study of the physiological action of drugs, as related to the alleviation and cure of disease," and that, in many instances, "the relationship of similarity, however problematical its value, still remains," is it not worth our while to go on with the work until proof is furnished that it has ceased to be of value?

Why is it less honorable for an educated physician to make of himself a specialist in therapeutics than it is to become a specialist in diseases of the nervous system? Is it because gentlemen on the other side of the house claim that the former specialty may result in the sacrifice of human lives by ignoring certain lines of treatment in general use by those outside of said specialty? Perhaps so; but homœopaths may, with at least equal justice, turn the scales upon their "scientific" neighbors; and, in so doing, they have the advantage of the general admission by all candid men that the only real advances made in therapeutics by the old school of medicine are due to the influence of homœopathy upon the profession at large. No, no! Homœopathy is at least as safe a system of practice as that advocated by the various lights of the school in power.

Homœopaths, as a class, see with regret the futility of all attempts to merge, at present, into one organization the two dominant schools of practice; they are not yet prepared to say that they have finished the work which naturally belongs to them, and, as yet, they see no evidence that they can resign even a reasonable portion of their work to their friends of the dominant school. In the discharge of their duty to the sick and to medical science, they simply wish to be let alone, at least for the present; but they see no reason in the world why all physicians, without a surrender of conviction, should not meet upon the common ground of a common manhood and of a common honorable calling.

## ANGINA PECTORIS.

BY H. BERNARD, M. D., OF MONS, BELGIUM.

CONTINUED FROM PAGE 649.

### SYMPTOMATOLOGY.

Symptoms, course, duration, and termination.—The symptoms of angina pectoris are characteristic, and consequently facilitate their description and diagnosis. There are, however, some ex-

ceptions. We agree with the opinion of all the standard authors that there exists an acute form of this disease, but it is not, in our opinion, the most frequent. The form which is called habitual, appears to us to be the most frequent and the most insidious.

Be this as it may, we will describe the type of the *classic* angina pectoris.

"The disease," says Jaccoud, "appears suddenly in the midst of perfect health; the painful paroxysms come on abruptly, sometimes during motion, again during repose, or even at night. The patient feels an acute, lancinating pain in the region of the heart, together with a sensation of anguish and imminent suffocation; he remains absolutely immovable, is pale, and, feeling in it 'a universal pause in the operations of nature,' awaits with terror the termination of this attack which threatens his life. In some cases, this depression of mind leads to syncope; but generally the pain ceases in a few minutes, and the patient, restored to himself, makes a few deep inspirations which mark the end of the paroxysm. It is worthy of notice, however, that even during the paroxysms and the hardest of the fits of suffocation, respiratory movements are possible and present their natural characteristics, when the angina is idiopathic; when, on the contrary, it depends on certain lesions of the heart and aorta, we may observe respiratory alterations, which are due to the primitive disease, and not to the angina itself. While the respiration is regular, the movements of the heart are weak, sometimes scarcely appreciable, unequal and intermittent; the pulse naturally reflects these anomalies, and the characteristic phenomena disappear with the paroxysm. The character of the pain is always the same, constrictive and agonizing (the *angoscia* of the Italians), but the seat varies; it generally exists along the left border of the lower half of the sternum, or it may occupy the right side of this region (Laennec), or it may be seated in a transverse line joining the two nipples (Fothergill), or, finally, it extends from before backwards, through the left side of the chest. It is very rare that the painful phenomena remain limited to the cardiac region; the pains irradiate to the shoulder, to the lower jaw, follow the superficial branches of the cervical plexus, extend along the anterior thoracic nerves, towards the insertions of the pectoral in the humerus, and, joining here the

cubital, extend to the elbow, sometimes even to the internal border of the forearm and wrist, and, very rarely, to the extremities of the fingers. Independent of these cervico-brachial irradiations, which occur frequently and are, perhaps, characteristic, the pain may extend exceptionally to other points; it has been seen to extend to the epigastrium, testicle, and thighs (Friedreich). In the case of Hunter, the laryngo-pharyngeal branches of the vagus nerve were attacked, and there was difficult speech in consequence of the constriction of the pharynx. In some cases there is a cutaneous hyperæsthesia in the anterior thoracic region; under these circumstances the contact of the clothing aggravates the sufferings of the patient, but with this exception, the pain of the angina is not increased either by pressure, respiratory movements, or motions of the arms. Finally, the disorder may extend to the gastric branches of the vagus, or even to the phrenic; nausea and vomiting are the consequences of the first, and hiccough of the second.

The end of the paroxysm is ordinarily brusque, and is characterized simply by the cessation of the pain; but there may be other phenomena. The most frequent are gaseous irritations or vomitings; some have an irresistible desire to urinate; in others, the end of the paroxysm, or the cure of the disease, is attended with a marked swelling of the testicle (Laennec, Gintrac), or with the appearance of an ileo-scrotal neuralgia (Axenfeld). The paroxysm over, the patient does not experience any physical alteration except a fatigue of short duration; yet, he is sad and anxious, tormented by the fear of a new attack.

The duration of the paroxysm is variable, but is longer the more acute the neurosis; from a few seconds, in the beginning of the disease, they may continue, later, for one or more hours. The interval between the paroxysms is also variable, but as a rule it gradually lessens until there is an interval of only a few days, although in the beginning there may be an interval of several months. The nocturnal onsets are spontaneous, but the diurnal are provoked generally by exciting causes. We have spoken already of these causes.

I have seen angina pectoris limited to a single paroxysm, either because the attack was fatal, or the cause had ceased to act. But these conditions are exceptional, and the disease may be con-



sidered, in its general aspects, as chronic in its course. Frequent attacks, according to Desportes, produce very soon an alteration in the general health; those which are separated by a wider interval produce death more rapidly; in the latter case death occurs in the third or fourth attack. When death occurs from angina alone, it is almost always sudden (forty-nine times in sixty-four cases, according to Forbes).

There should not be any uncertainty in the *diagnosis*, if we take into consideration the series of phenomena already mentioned; precordial pain, of a lancinating, constrictive character, not increased by pressure, anguish and fear of suffocation without a distinct dyspnoea, irradiation of the pain to the neck and left shoulder, paroxysmal course, and perfect health in the interval of the paroxysms.

Death occurs, according to our illustrious confrere Jousset, during an attack through syncope.

Divisions.—We shall not be able to discuss all the divisions which have been proposed by different authors. They are included, more or less explicitly, in the classifications of Jaccoud, Peter, Jousset, and Kafka, which we shall give in more or less detail.

I. Like other neuralgias, says Jaccoud, angina pectoris is primary (idiopathic), or secondary (symptomatic). In the primary form, which is more rare, the hyperæsthesia is spontaneous, or, rather, results from an intrinsic alteration of the cardiac nerves (a case of Lanceraux); in the second form, the hyperæsthesia is provoked by a pre-existing pathological state. To this Jaccoud adds: "The idiopathic form is observed in children and adults, but the secondary belongs to advanced age."

In the essential form, the mean duration is, according to Lartigou, from five to seven years. With regard to the symptomatic form of the cardio-aortic lesions, it has a very variable duration, since it presents very different modalities in relation to the termination; death occurs suddenly during a paroxysm as in acute angina. In other cases the patient succumbs slowly to an organic affection of which the angina is an effect, and though he suffers from the painful paroxysms of anguish until the last, he yields to the cardiac lesion, and not to the secondary disease which it has determined. Again, the phenomenon of angina, after hav-

ing persisted for a variable time, diminishes and disappears in a measure as the disease of the heart progresses or is aggravated, constituting then only a temporary phase in the general evolution of the disease. The prognosis is grave, especially the symptomatic form; a cure may be obtained in idiopathic angina, but this happy result is sufficiently rare so as not to modify the rule.

The opinion of Peter, in regard to the prognosis of angina, differs from that of Jaccoud; we shall have occasion later to compare and discuss these two opposite opinions.

II. Supported by the anatomo-pathological investigations which we have analysed previously, M. Michel Peter divides angina pectoris into two classes: those which are related to a neuritis, and those which constitute a simple neuralgia.

The former are observed in advanced age, in those who have abused the use of tobacco, coffee, and tea; in gout, rheumatism, and scrofula. They are characterized by a dilatation of the aorta and various auscultatory sounds, and by dull pains in the intervals of the paroxysms; the general termination is in death.

The second class is observed in the younger, those who are hysterical, hypochondriacal and neuropathic; except when associated with the abuse of tobacco, auscultation and percussion do not reveal any morbid changes. The patients do not experience any pain in the interval of the attacks. This form is usually less severe, and is terminated by cure.

III. Before giving the classification proposed by M. Jousset, we shall give what he says of the opinion of M. Peter:

“It is a great error to say that angina pectoris due to neuritis is distinguished from that of neuralgia by the existence of a dull pain in the intervals of the attack. It is true that, in a large number of cases depending on an organic affection of the heart and vessels, the patients experience in the interval of the paroxysms dyspnoea, palpitations, and precordial pains; but we have observed frequently, and authors are in accord with us on this point, cases of angina pectoris depending on an organic lesion, yet presenting intervals entirely free from all suffering. The patients think they are cured during these intervals. This is especially true of cases of angina pectoris depending on aortitis.

“It is also an error to say that angina pectoris depending on neuralgia is a disease ordinarily of little gravity. When a cure is

not attained, it terminates usually in sudden death. The autopsies of angina pectoris without lesions are at present very numerous, and it is not possible to contest them by saying, with M. Peter, that the aorta has not been examined."

M. Jousset is of the opinion of M. See, in opposing the prognosis of neuralgic angina as given by M. Peter.

That which is called *neuralgia*, implies, in our opinion, the absence of a serious danger—at least directly and special—to the existence of the patient. Thus idiopathic asthma, for example, attacks a very important organic system; when death occurs, it does not result directly from the asthma, but rather from the lesions provoked by the frequent repetition of the paroxysms. The most severe hemicrania, prosopalgia, and hysterical attacks never produce death, unless a special cachexia is developed in consequence of the repeated attacks. Dr. Martiny has said to us recently, using the language characteristic of Peter: "In an hysterical woman, angina pectoris does not do more than threaten death without effect." "I have seen, adds Martiny, "a hysterical woman, who was suffering, as I thought, from an affection of the heart, on account of the painful symptoms which were seated about this organ, with irradiation to the left arm and itching; she has been cured for five years, and there does not exist any lesion of the heart."

All physicians know, however, that hysteria may produce diseases which are rare, irregular, capricious, and even grave in appearance, without giving rise to fatal consequences. Our literature is full of facts of this kind. We can bear witness to a case of hysteria which presented all the characteristics of a meningitis in the third stage, but in which, thanks to our diagnosis, we were able to quiet the members of the family by assuring them that they need not look for the fatal result which they considered inevitable and imminent.

Angina pectoris, says Dr. Jousset in his *Elements de Médecine pratique*, is nearly always a condition connected with the existence of chronic aortitis, as Peter has shown. The inflammation of the arterial tunics extends to the nerves of the cardiac plexus, which radiate in various directions when the rachidian nerves are attacked, or syncope when it extends to the branches of the

great sympathetic; again, it produces pains and syncope when both series of nerves are affected.

Angina pectoris may be present without any lesion of the heart and aorta. It is then a neuralgia of an hysterical or hypochondriacal nature. The abuse of coffee, and especially of tobacco, has a great influence in developing these forms, essentially nervous, particularly in those of an hæmorrhoidal or gouty diathesis.

Dr. Jousset describes four forms:

1. The common form;
2. The nocturnal form;
3. The habitual form;
4. The anomalous form.

1—Common form.—This has served us as a type for our present work, and we will not stop to consider it further, since there is no essential difference between the description of Jousset and that of Jaccoud.

2—Nocturnal form.—Instead of occurring during the day, while walking or at work, this form, as its name implies, occurs only at night. The patient is awakened suddenly by a paroxysm of pain characteristic of this disease, he hurriedly throws himself from the bed, and, sitting on the side of it, leans forward, with the arms along the body, while he awaits with anxiety, during a longer or shorter interval, the conclusion of the paroxysm. Others throw themselves upon their knees, and, bending backwards, place their arms above their heads.

3—Habitual form.—Before yielding the word to Dr. Jousset, we wish to say that, in our opinion, the expressions which serve to designate the first and third forms are capable of a modification. The first ought rather to be called typical, since it presents to the observer the most perfect and the clearest picture of the symptoms characteristic of angina pectoris. The third form, which appears to us to be the most frequent and most insidious, merits rather the designation of sub-continual.

“A certain number of the sufferers,” says Dr. Jousset, “in place of having marked typical paroxysms, are attacked every day, whenever they walk or make any exertion, from any emotion or indigestion, by numerous paroxysms, not very severe, which are characterized by a sub-sternal, constrictive, and anxious pain, and which compels the patient to stop. This pain ir-

radiates to the neck, shoulders, or one of the arms, generally the left, but sometimes to both. The habitual form continues for many years, but its benignity is only apparent, since it may terminate in sudden death. I have observed this termination five or six times.

4—Anomalous form—This term refers principally to the seat of the pain. Some patients have a pain which irradiates to the right arm instead of the left; others experience pain in the ileo-scrotal nerve. In others, however, instead of the pain extending from the heart to the extremities, it begins in the hand or finger, and ascends to the sub-sternal region, where it produces a paroxysm of anxious and constrictive pain, characteristic of angina pectoris. Trousseau has compared this pain, of peripheric origin, to an *aura*. We add to the anomalies of location, already mentioned by Dr. Jousset, one which has been observed by Dr. Martiny: The pain begins sometimes at the point of the scapula.

IV. The reputation which Dr. Kafka, of Prague, enjoys in the literary world; the originality of his observations and the importance of the therapeutic deductions which he has formulated, induce us to reproduce, at the risk of some repetition, the translation which Dr. Martiny has made in the *Revue*.<sup>1</sup>

The more recent anatomico-pathological researches have shown that angina pectoris is connected with a fatty degeneration of the muscular substance of the heart, accompanied by a relaxation of the membranes of this organ.

This degeneration is observed, as a rule, in the second half of life rarely before the age of thirty years, and most frequently between sixty and seventy years. In the majority of cases we find an abundance of fat in the sub-cutaneous cellular tissue, rigidity of the arteries, and a senile arc around the cornea.

An advanced age, insatiable appetite, irregular life, mental worry, the abuse of alcoholic beverages, want of activity or exercise, the habit of sleeping too long, an alimentation containing an excess of sugar, but especially the use of fatty food and strong beer, are the principal causes of angina pectoris. To these might be added heredity and a tendency to obesity.

It is observed, secondarily, in diseases of the heart, such as hypertrophy and valvular lesions; sometimes, also, in emphysema and atheromatous lesions of the larger blood vessels,

The prodromata consist in a more or less marked pressure, or a sensation of constriction and compression in the middle of the sternum, and even lower, which shows itself while walking in the street. Motion in the house does not produce this effect. If the patient continues to walk, especially if he is talking at the same time, a slight attack of dyspnoea will appear, which is aggravated by warm drinks, excesses in diet, mental emotions, and coitus; even at this time there exists a flaccidity of the muscular tissue.

The physical examination of the heart gives only negative signs; yet a close observer would consider the symptoms which we have recited as of great value, since they mark the beginning of this disease.

At this time, usually, there is only a small part of the muscles of the heart which have undergone fatty degeneration, and especially on the right side; and this is the reason why this period may last for months and years, without the appearance of violent paroxysms. When, under the influence of the same causes, or in consequence of mal-treatment, the disease has progressed, the sensation of constriction in the sternal region and the dyspnoea increase, and nervous symptoms may be present which are of great importance from a therapeutic point of view.

1. In certain cases of this disease I have seen appear, at the same time with the dyspnoea and external pressure, a marked hyperæmia with venous stasis and palpitations of the heart, which increase in violence more and more; at such times the patient feels as though the heart and chest would burst, the cheeks and ears become red, sometimes bluish, and the face hot; the carotids, and even the small arteries, beat violently; there is a sensation of anguish and constriction which does not allow the patient to speak or move, while the danger of apoplexy or a sudden paralysis of the heart threatens. It is generally between the ages of thirty and fifty years that I have seen this form of the disease, in subjects affected with hypertrophy of the heart in its beginning, or in women at the climacteric. Those who are emphysematous and obese, and have a dilatation of the right ventricle, are equally predisposed; but I have never seen it in old persons, nor in those who are in a marked stage of marasmus or who have committed excesses.

2. Another form of stenocardia is that in which symptoms of *gastralgia* appear. There is no venous stasis, but, by turns with the pressure over the sternum and the dyspnoea, there supervenes a severe pressure over the epigastrium; the patient experiences there a sensation as of a ball, which increases more and more and produces nausea, dyspnoea, precordial anguish, and great weakness; there is frequently a tensive or paralytic pain, which extends from the epigastrium to the neck and nucha (cervical or brachial neuralgia).

This form, according to my experience, is encountered in hysteria, hypochondria, and those with debilitated constitutions who have committed alcoholic and venereal excesses.

3. The third form is the *spinal* or *syncopal*. At the same time with the pre-sternal pressure, the patient feels a pain which extends from the vertebral column to the chest and sternum; here is a constriction of the thoracic cavity which produces intense anguish; he becomes pale, his face has an intensely anxious appearance, the body is covered with a cold sweat, and death seems imminent. This form is observed in cases of advanced marasmus and in the aged, in those very much debilitated by mental sufferings and anxieties, and those who have committed the greatest venereal excesses.

The treatises on pathology describe these symptoms in a summary way. "I have formed," says Kafka, "three distinct groups in order to determine more definitely the therapeutic indications. Experience has convinced me that these forms are very distinct, and I have never seen them interchanged one with the other."

We have given the words of Kafka without seeking to assume the responsibility for his theories. We do not wish to enter upon a field reserved rather for the chapter on treatment. We may be permitted, however, to state that his assertions are confirmed by numerous clinical proofs.

The English, as well as the French, do not admit the clinical observations of Kafka to be complete. They are, however, so well written as to defy the most severe criticism. They may not agree with certain minds biased by preconceived ideas; but there is no reason for passing them by in silence.

## TRANSLATIONS FROM FOREIGN JOURNALS.

BY PROF. S. LILIENTHAL, M. D., NEW YORK, N. Y.

A CASE OF POISONING WITH CHLORATE OF POTASH, BY DR. L. REISS,  
OF BERLIN, B. K. W., 52, 1882.

Not many cases of fatal poisoning with Chlorate of Potash have so far been recorded, but the symptoms correspond and are characteristic. Where death sets in rapidly (especially in small children) the symptoms of the acute alteration of the blood are most clear. With obstinate vomiting we meet rapid collapse, a reduction in respiration and in the action of the heart, cyanosis, and a yellowish discoloration of the surface of the body, leading unto death; autopsy reveals a chocolate-brown color of the blood, the organs being relatively little changed. In cases which run a slower course, the blood-symptoms, till the patient succumbs, are less outspoken, and we find, rather, local manifestations (tumor of the spleen, hæmaturia, anuria, etc.), caused by the passage of the destructive products of the blood into the parenchyma of the organs. The greatest change we find in the kidneys, leading from diminished micturition to total anuria, so that death from uræmia sets in. We find, then, post-mortem, a large accumulation of the changed red blood-corpuscles in diverse organs, which appear of a brown color, as in the spleen, marrow of the bones, and especially in the kidneys, where such products, in the form of blood-cylinders, close up most of the urinary canaliculi.

Fred M., thirty-five years of age, complained for years of dyspepsia. Sept. 29th, he had sore throat, for which he received 50 Gm. Kali chloricum as a gargarisma. By mistake, he took four times a teaspoonful of the solution, equal to 30,0 Gm. of the salt. Shortly afterwards, he felt burning in the gastric region, and great thirst, with stiffness and cramps of hands and legs (no loss of consciousness), which lasted till noon. After taking large quantities of milk, diarrhœa set in, which continued for several days, and on the same evening he had frequent vomiting. He steadily lost strength, and was very restless during the night of October 1; he passed only a few drops of dark-brown urine for the last days.



Oct. 1, admitted into the hospital. The emaciated and debilitated patient had a collapsed appearance, features pinched, restlessness; sensorium free; he complains of pressure in the gastric region, nausea, frequent eructations, and chilliness. There was tremor of the extremities, frequent twitchings of the thoracic muscles. A peculiar, dirty, yellowish-brown coloring of the sclera and of the skin, differing from that of icterus. The thoracic organs showed nothing abnormal; the abdomen was decidedly sunk-in, not sensitive; spleen and liver were normal in size; tongue heavily coated, pharynx slightly swollen; during the day, copious vomiting of bilious masses. A drop of blood, taken from the finger, showed very dark color, and, microscopically, one-fourth or one-fifth of the red blood-corpuscles have totally lost their color; in the chief part of its stroma they contain only remnants of coloring matter, with form of small, mostly roundish hæmoglobinic granules; lying dispersed in the colorless stroma, nearly all of them are of oblong, elliptic, or ovoid form. Similarly hæmoglobin-colored granules are also present in the serum. The normally-colored blood-globules show most like small rolls of coins, and their number show only a moderate diminution; but the number of white blood-corpuscles is greatly increased, and many colorless granules in process of destruction.

Oct. 2 and 3, patient seemed somewhat better, but the vomiting continued steadily. Constipation obstinate; heart's action became gradually worse, pulse over 100, with very little tension, finally filiform. Temperature was only slightly increased during the first day, became sub-normal, and fell to 35.8 in rectum shortly before death. The yellowish-brown coloring of the body became somewhat lighter on the second day of his sojourn in the hospital, and remained then in *statu quo*. The most characteristic symptom was the *nearly total anuria*. Only a few drops were discharged on the morning of the 3rd and 4th, and the catheter proved the emptiness of the bladder. The little urine drawn was of a dirty, dark-red color, contained much albumen, and showed, microscopically, slightly shrunken, blood-red corpuscles, and copious fragments of granular blood-cylinders; spectroscope gave the normal oxyhæmatoglobin-band of the blood. Deeply collapsed, he died on the sixth day after taking the poison.

The autopsy showed: Yellowish-brown color of the skin and

of the sub-cutaneous and deeper-lying fatty tissue; muscles dark red-brown; blood, especially in the heart, of rather dark color, moderately-well coagulated; heart muscles pale, yellowish-brown; in the endocardium of the left ventricle some irregularly-formed ecchymoses; lungs pale, greyish-red, very dry; kidneys of normal size, capsula can be easily taken off; parenchyma tough, of a peculiarly dark color, in some places of a chocolate color; medullary substance a little more red than the cortex. On many places of the cortex an irregularly striated and punctated delineation, in the medullary part striated, dark brown; spleen of normal size, pulp everywhere dark brown-red; liver relatively small, parenchyma of a peculiar brown color, with exquisite delineation of the lobules; gastric mucous membrane full of ecchymoses; in the lower part of the ileum bloody-colored fæcal masses; brain and meninges pale, without particular coloration or abnormalities.

The microscope proved that the mechanical obstruction of the urinary canaliculi is the cause of the constant anuria, and thus, also, the cause of death.

Chlorate of Potassium,  $K Cl. O_3$ , in a concentrated solution, may prove harmful, while the Chloride of Potassium  $K Cl.$  is perfectly innocent. In mercurial stomatitis, the latter is of far more benefit than the former, and is without danger.

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#### EMPHYEMA.—PERFORATION OF THE BRONCHI AND THE DIAPHRAGM.—RECOVERY.

Dr. F. Lange presented a male patient, nineteen years of age, with the following history: He was a healthy member of a healthy family, and a student. After repeated attacks of gastric disturbance, in the summer of 1881, he was taken, Sept. 2 of that year, with severe gastro-intestinal catarrh, which became so obstinate that he was confined to the bed from the eighth to the fifteenth of that month, when he was under the care of Dr. Henkel. He had only a moderate fever, but gradually lost flesh and strength. Very soon after this, a deep-seated abscess developed on the inner aspect of the arm, and it seemed to take its origin in the muscular substance of the biceps. Dr. Lange opened the abscess in the presence of Dr. Henkel, on the 26th of September,

and the wound healed without further trouble, but the patient did not rally entirely. On the 7th of October he was taken quite suddenly with severe pain in the lower part of the thorax, in the right side, and went to bed again. Very soon afterward the physical signs of pleuritic effusion became apparent, and, in a comparatively short time, the level of the fluid was as high as the middle of the scapula. The presence of crepitus and near bronchial breathing above the line of dulness made it probable that the inflammatory process, to some extent, affected the lung tissue. The area of dulness was considerably smaller in the axillary region than behind, and was almost absent in front. There was continued fever, with exacerbations at night, and the patient lost flesh and strength rapidly. On the night of the 19th of October perforation of the bronchi occurred, and large quantities of pus were expectorated. On the following day the patient felt much relieved, although he was quite exhausted. Dr. Henkel then found the physical signs of pyo-pneumo-thorax, especially the metallic sounds. The patient did not rally as had been expected, the fever did not cease, and the debility increased. It was impossible to make a thorough examination of the chest, on account of the extreme weakness of the patient, but it was ascertained that the respiratory murmur could be heard from above downward to the fourth intercostal space in front, and to the middle of the scapula behind. At the latter point the breathing was amphoric in character. The level of the fluid was considerably lower down. Succussion sound could be obtained distinctly. Dr. Lange saw the patient again in consultation on the 23d of October, and, from the history of the case, felt certain that there was pus in the pleural cavity, but aspiration gave a negative result. Puncture was made at four different places, but only a few drops of blood mixed with air were obtained. Assuming that the collection of pus might be near the center of the lung, deep punctures were made. Dr. Lange had already determined to desist from further surgical interference when he discovered, at the lowest part of the thorax, toward the lumbar region, and against the lateral border of the sacro-lumbalis, air under his fingers on pressure upon the deep tissues. He punctured at that point, found pus, and then opened the cavity by a free incision. There was an abscess below the diaphragm, along the under surface of

which the finger could be passed after being introduced through the incision. Apparently the empyema had perforated the diaphragm. The expectoration very soon ceased, and the patient made a rapid recovery. With the exception of slight retraction of the lower and front part of the right side of the chest, with diminished respiratory murmur in that region, there was scarcely any difference to be noticed when the two sides were compared. Dr. Lange thought that the point at which the perforation of the diaphragm occurred was possibly at the gap between the vertebral and costal part of that muscle, which is sometimes very large. He was unable to make out whether the abscess was intra- or extra-peritoneal, but thought it was probably the latter. The kidney, on account of swelling and infiltration of tissues around it, could not be felt distinctly. The outline of the liver was recognizable by palpation.

Last summer Dr. Lange was shown, at Professor Thiersch's clinic, in Leipzig, a patient who had sought admission because of a freely discharging fistula over the anterior aspect of the right femur. The etiology of the abscess became apparent when purulent expectoration began simultaneously with the cessation of discharge of pus from the fistula. The patient stated that this had occurred several times, and examination of the chest revealed upon the right side some evidence of an encapsulated empyema, for which thoracentesis, with resection of a rib, was performed. Recovery followed rapidly. Dr. Lange was inclined to believe, although unable to prove it, that there was a casual relation between the abscess in the biceps and the empyema, the latter being the result of an embolic process.

In reply to a question, he stated that the largest collection of pus was above the diaphragm; probably a pint being in the cavity below it.

The president remarked that in a similar case he found the accumulation of pus much larger below than above the diaphragm, pressing into and upon the abdominal cavity.

Dr. Alfred C. Post asked which occurred most frequently, abscess originating in the thoracic cavity, with perforation downward, or abscess beginning in or near the liver, with perforation upward.

Dr. Charles K. Briddon replied that he thought perforation up-

ward appeared most frequently. In a similar case admitted to the Presbyterian Hospital, probably a year ago, the cavity of the chest had been aspirated and a large quantity of pus removed. There was dulness on percussion up to the spine of the scapula behind and to a line nearly upon the same level in the axillary region, and there was a large area of dulness in front. There was also a marked bulging in the neighborhood of the liver, which was mapped out quite accurately—the area occupied by an enlarged liver. Fluctuation was detected by palpation over this large swelling, and the sensation could be distinctly felt carried through to the lumbar region. Dr. McBride, one of the visiting physicians, examined the patient, and regarded it as a case of perinephritic abscess which had pressed the diaphragm upward, developing a condition simulating empyema. Dr. Briddon attempted to aspirate from behind, and passed the needle three or four inches deep without obtaining anything. He then aspirated in front and removed a large quantity of bloody serum. There was no appearance to the naked eye of pus in the fluid, but the microscope revealed a certain number of pus corpuscles. He aspirated several times subsequently, and obtained the same kind of fluid, but never at any time fluid which had the usual appearance of pus. The patient subsequently came under the care of Dr. L. A. Stimson, who made an incision behind into the cavity of the chest and gave exit to a large quantity of pus. The patient subsequently expectorated large quantities of pus, and it was noticed that when the expectoration was obstructed, or deficient in quantity, the sub-diaphragmatic swelling increased in size. At the time he had some doubt as to whether the swelling was sub-diaphragmatic or not.

Dr. Leroy M. Yale added an item in the clinical history which filled up an interspace between the service of Dr. Briddon and that of Dr. Stimson. He saw the patient soon after Dr. Briddon first saw him. The man came into the hospital greatly oppressed in breathing, and Dr. Yale aspirated his thorax and drew away a little more than five pints of pus. This was followed by the operation already alluded to, and performed by Dr. Stimson. As he recollected, Dr. Stimson was not quite sure where the cavity was, even after the operation had been performed. Dr. Yale thought, however, the opinion of the majority of the visiting

surgeons was that the case was one of perinephritic abscess which had worked its way upward.—*Proceedings New York Surgical Society; New York Medical Journal, Jan. 27, 1883.*

### A CASE OF ULCERATING EPITHELIOMA OVER THE LEFT HEEL CURED BY HYDRASTIS.

Babu K. C. B., aged twenty-four years, by profession a teacher, came to the Out-door Dispensary on the 31st of March, 1879, for treatment of an ulcer on the left heel.

Patient stated that while walking in his class he accidentally struck his left heel against a bench, which caused some pain in the part at the time. In the evening he observed a slight swelling of the heel. The pain disappeared in about two days, but the swelling continued, and gradually began to increase. At the end of about five months the swelling, which was soft and fluctuating, projected about half an inch from the heel. A medical man, supposing it was an abscess, advised him to puncture it himself with a needle, which he did, but, instead of pus, only blood flowed rather profusely. About a week after this, another medical man, making the same mistake, incised it. The consequence was a much greater flow of blood, which had to be stopped by ice, pressure, and styptics. After this he went to the Medical College Hospital, and was admitted in the ward of the first surgeon. The tumor was pronounced to be a *nævus*, and treated with astringent lotions, and hypodermic injections of tannic acid. As a result of this treatment the tumor first became hard, and then began to slough. Tired of being tortured in the hospital, he placed himself under the treatment of a homœopathic practitioner. The benefit derived was slight and not permanent. He therefore again had recourse to the treatment of the surgeon who had treated him at the College Hospital, who this time paid him visits at his house. Strong nitric acid was applied to check the excessive proliferation of the granulating surface. The tendency to bleeding was increased; tannic acid injection was again resorted to, which was followed, as before, by sloughing. Then chloride of zinc paste was applied and kept on for three days, which caused more suffering and more sloughing. The diseased part was examined microscopically and found to be

epitheliomatous. All thought of cure was now given up, and amputation above the ankle was advised as the only chance of saving life. Thus frightened, the patient fled with his life from the hospital where he had latterly gone again.

When he came to us we found the whole of the left heel involved in ulceration. The ulcer was of an oval shape, measuring three by four inches. The surface of the ulcer was covered with soft, spongy, proliferating granulations, which were very thick and gave the whole a protuberant appearance. The granulations were not quite painful, but they had a great tendency to bleed; indeed, the slightest movement would cause profuse bleeding. The edge of the ulcer where the diseased and healthy parts met, was very painful and tender. The vessels at the edge and of the surrounding parts were considerably enlarged. The whole part for some distance around was very hot. The sufferings of the patient were worse at noon and from ten P. M. to morning. Has been getting fever since three days, with chilliness, burning of the eyes, but very little thirst. Tendency to mucous stools. A sensation of burning within the body which caused a desire for cooling things.

Treatment.—For the tendency to profuse bleeding we gave him Ham.<sup>s</sup>, which was continued till the 20th of April. The tendency to bleeding was considerably diminished, but there was not much improvement in the ulcer itself. The discharge continued as before, and there was no sign of commencement of healing.

On the 21st of April we gave him hydras.<sup>s</sup>, and continued it for three days, but, finding no improvement, we changed the dilution to <sup>2</sup>, which we continued for three days with no better result. We kept him without medicine to the 9th of May. On the 10th hydras.<sup>s</sup> was given. In the course of a day or two, the discharge became less, and from this time forth the improvement was steady, the healing advancing from the circumference. By the 5th of October the ulcer had completely healed.

The only local application used was warm ghee, or clarified cow's butter. The patient was kept, throughout the treatment, entirely on vegetable diet, fish and meat having been strictly forbidden.

We see the patient now and again. He is hale and hearty.

The cicatrix over the heel is firm and rather hard, being more corneous than skinny.\*—*Mahendra Lal Sircar, M. D., in the Calcutta Journal of Medicine.*

### SURGICAL CLINICS.

BY D. E. FORISTALL, M. D., ATCHISON, KANSAS.

**Calendula in Gun-Shot Wounds.**—An old-school physician and myself were called to dress a hand which had suffered injury from the explosion of a shell while the boy was preparing to hurriedly load his gun. We found the little finger entirely gone, except a portion of tough, burnt skin on the palmar surface, and so much of the dorsal portion of the hand over the metacarpo-phalangeal joint that it was impossible to cover the joint; we therefore removed the metacarpal bone. During the first night we used simply cold water dressings, but after that, by mutual agreement, the entire treatment of the case was conducted by me. I used calendula, one ounce to eight ounces of water. Sloughing was very slight; granulations appeared quickly. The wound, where the flaps met, healed by first intention, but where there was not flesh enough, on account of the laceration or the burning by the powder, to cover the wound, the granulations were plentiful and healthy. The process of repair went on from beginning to end without pain. A part of the time I used the calendula with olive oil. Occasionally I added a few drops of carbolic acid.

In most washes I prefer the oil to water, on account of its not drying so soon, and keeping the parts softer. I attributed the slight amount of sloughing, the rapidity of the reparative process, and the freedom from suffering to the action of the calendula alone.

I showed the hand to my old-school friend when it was nearly healed. He said he had never seen a gun-shot wound heal so nicely, and he liked the dressing.

We used no internal treatment whatever.

**Dislocated Coccyx.**—An article from Prof. Gilchrist's pen,

\*We may add that hydrastis gives the best results when the tincture is made from the *fresh* root. When so made, it looks rather muddy, while that made of the dried root presents a clear appearance which is tempting to the eye, but is not reliable. The same remark applies to sanguinaria.—[ED. COUNSELOR.]



some time ago, on the "Excision of the Coccyx for Neuralgia," prompts me to relate the following case. The patient was a lady whose veracity I have not the slightest reason to doubt.

When a girl, sweeping, she stooped over to pick up something from the floor; she struck her coccyx against the edge of the table with so much force that she fainted from the pain caused by the concussion. The result was that the coccyx was displaced backward and upward. It was quite sore for some time. She says she could distinctly feel the articular surface of the coccyx. The soreness passed off after a time, and nothing more was thought of it, until last fall, while riding a long distance, she hurt it again on the edge of the seat. It again remained sore for some time. She thought it was loose, and it appeared to her to be working nearer toward the anus. Her husband consulted me about it, and wanted to know if it could not be removed. A careful examination, externally and within the rectum, showed that the coccyx was not loose nor removed from its proper place.

I advised not to disturb it. Prescribed a lotion of arnica  $\zeta$ i, chloroform  $\zeta$ i. olive oil q. s. to make a one-ounce mixture. This removed the soreness, and no more trouble has been experienced. The patient is somewhat posted in anatomy. Fifteen or twenty years elapsed between the accident and the replacement of the coccyx.

## CORRESPONDENCE.

### A CRITICISM.

#### EDITOR COUNSELOR:

In the COUNSELOR of January 15 appears an interesting article on Typhoid, by M. E. Douglass, of Danville, Va. The doctor's reported therapeutics commend him to all good homœopathists. Can not you induce him to furnish your readers with further information concerning what must have been a remarkable epidemic? Dr. D. reports 227 cases of *true* typhoid fever, treated during twelve months, an average of nineteen per month. Of course, during such an epidemic there must have been many cases which partook of the epidemic influence, yet were not "true typhoid fever." Doubtless Dr. D. treated his share of such cases, and his careful statement shows that he discriminated between them and genuine cases.

To give an idea of the magnitude of this epidemic, I will state

that Danville is a town of (in round numbers) 7000 inhabitants (see U. S. census). We will suppose that it contains twelve doctors (about half as many as similar towns in Ohio). We will also presume that Dr. D. has the largest practice in the place—that he does *one-fourth* of the business of the whole city. This would allow 908 cases of *true* typhoid, in one year, among 7000 people; in other words, thirteen per cent. of the whole population had typhoid. Under old-school treatment, the average duration of typhoid fever is from four to six weeks. We will presume that Dr. D.'s cases averaged twenty days, and that he never paid more than one visit per day to each case. This estimate requires 4540 visits to cases of *true* typhoid during the year, an average of twelve and one-half cases per day for that period.

With such magnificent opportunities for observation, Dr. D. must have reached conclusions respecting many unsolved problems relating to the etiology, method of propagation, sanitary science, etc., of the disease.

An epidemic of typhoid has recently occurred in Paris. Physicians from all Europe visited the French capital for purposes of investigation, and the medical world is awaiting with interest the result of their studies. The Paris epidemic has afforded far less facilities for individual research than the one reported from Danville, the largest number of cases reported by a single French observer having been (so far as I have seen) forty-five. Dr. Douglas can scarcely consider his duty performed until he has given the profession a history of the inception and progress of the Danville epidemic, with accurate statistics relating thereto. And in order to allay annoying doubts that will arise in sceptical minds, regarding his diagnosis, he should prepare a short table of his cases, showing the temperature-curve, presence or absence of eruption and diagnostic symptoms. This would doubtless be an easy task for the doctor, because the stress he lays upon the description (“*true* typhoid fever”) proves that he eliminated all doubtful questions of diagnosis from each of his 227 cases. Having thus proved the existence of the Danville epidemic, the history and conclusions drawn from it would be exceedingly valuable.

I refer to this question of diagnosis because of an unaccountable tendency, on the part of some members of our school, to con-

duct a case to a successful termination in four to eight days, then straightway report an abortion (or cure) of genuine enteric fever.

Respectfully, JOHN C. KING.

### THE CLINICAL SOCIETY OF THE HAHNEMANN HOSPITAL, OF CHICAGO.

This society held its regular monthly meeting in the Grand Pacific Hotel, on Tuesday evening, February 6, 1883, Dr. G. A. Hall in the chair.

The report of the evening was made by Dr. T. S. Hoyne, chairman of the Bureau of Skin and Venereal diseases. His paper consisted of a comparison of the treatment of seventeen cases of eczema by Dr. Washington Epps, of London, England, as detailed in a pamphlet recently issued, and of a similar number of cases taken consecutively from the records of his own clinic in the Hahnemann Hospital. Dr. Epps reports eleven cases cured, the result being unknown in six. The average time consumed in curing his patients was eighty-seven days. The remedies he used were: *viola tric.*, *calc. carb.*, *rhus*, *graph.*, *sulph.*, *merc. cor.*, *kali*, *ars.*, *bell.*, *aconite*, *petr.*, and *ars-jod.*, all in the lower attenuations, ranging from the tincture to the third, and occasionally a sixth. Locally he used petroleum ointment.

Dr. Hoyne cured ten of his cases, the result being unknown in seven. The average time taken in their cure was sixty-two days. The remedies used were *graph.*, *thuja*, *nitric acid*, *rhus*, *hepar. silicia*, *ars.*, *sulph.*, and *natr. carb.*, all in potencies from 30 to 2M; and he used cosmoline and corn-starch locally.

This very appreciable shortening of the time occupied in curing a given number of cases of the same malady, under very similar circumstances, with pretty much the same run of remedies, Dr. Hoyne considers as evidence in favor of the greater efficacy of the higher potencies in the treatment of these, as well other, obstinate diseases.

Dr. W. H. Burt said that the treatment prescribed by Dr. Hoyne was excellent, in his opinion. But in the cases of syphilitic eczema enumerated he would have chosen decidedly low

potencies, believing that more good could have been effected with them than with the high.

In answer to Dr. Hall, Dr. Hoyne said that cosmoline was a soothing application in very many cases, but not in all. He deprecated the use of much water; advised the careful removal of the scales, but not the promiscuous scrubbing often indulged in. Bran-water baths he thought were of little avail, the cosmoline and corn-starch powdering giving greater relief from the intolerable itching.

In regard to the syphilitic variety and low attenuations, he said the Hospital records showed better results from the use of the higher potencies than from the use of crude drugs.

Dr. G. A. Hall cited a case, just come under his care, of a married lady, whose knuckles of the middle and ring fingers of both hands have been subject to an eczematous eruption for nine years. She is of a leuco-phlegmatic temperament, fleshy and inert bodily, but mentally active; bowels inclined to be constipated, but no other special symptoms exhibiting themselves. He would like some member to prescribe for the case. The patient's account of her treatment at the hands of a New York specialist was rather amusing. Besides receiving medicine to be taken internally, she was given one local application to draw the eruption out, and another to drive it in. This she continued to do alternately, till last summer she got out of medicines while residing in the White Mountains. Then she found that the eczema returned about every third week, and was much less troublesome than when receiving treatment.

We will get Dr. Hawkes' opinion whether it would not be well to start her on *sac. lac.*

In regard to eczema of teething children, especially in hot weather, he wished to say that when the scab, in coming off, leaves a smarting, burning spot, when the child is subject to glandular enlargements, and when considerable thirst is evinced, the *ars-jod.*, 3x trit., is wonderfully efficacious. In a family of three children, all badly affected, he made this prescription, and gave instructions for a peck of bran to be added to a tub of water, and the children to be thoroughly bathed in it; the same operation to be repeated every other day. They all recovered before the first four-drachm vial of medicine was consumed.

Dr. Hoyne, in reply to Dr. Skiles, said that eczema is not contagious. It is a catarrh of the skin produced by such irritants as salt, flour, sugar, lime, etc., and that anything capable of causing catarrh of the mucous passages of the head may do the same by the skin.

Dr. W. J. Hawkes thinks that calc. carb. or silicea would be the prescription he would recommend to be given Dr. Hall's patient. Preferably the first-named, and in a high potency. That might be followed with advantage by sac. lac., but he would hardly advise beginning with it.

This reminded Dr. Hall of a case he treated eighteen months without benefit. But having noticed that the child continued to have a thickly-coated tongue of a greenish tint, he searched for this symptom and found it only under one remedy, viz: calc. causticum, which he immediately prescribed in the 30th potency, and the eczema was cured in four weeks.

Another case of eczema in a teething child that was making no headway under the treatment, got entirely well on clover tea, prescribed by a tramp who was begging for some cold victuals at the door, one day. He has been led to believe, since then, that red-clover decoctions have a valuable influence on skin troubles.

In answer to Dr. Gee, Dr. Hoyne said that eczema capitis in teething children is not an incurable malady. The teething is certainly one irritant, and apt to keep-up a constant aggravation, but does not preclude the possibility of a cure.

Dr. Hall, in replying to Dr. Burt, in reference to the potencies he uses in treating syphilitic subjects, said that while practicing in New York state he used more high potencies than since coming west. Personally, he preferred taking hold of those affected with syphilitic taint in a very summary manner. And, although he remembered a case, that Dr. Hoyne and he saw together, do particularly well on ars.<sup>30</sup>, he rarely got to that elevation himself. When he prescribed a 30th potency he usually began to feel dizzy, and when he reached the 200th, he felt as though he didn't know anything.

The discussion on eczema being closed, Dr. W. J. Hawkes reported progress on some cases, incomplete when presented to the Society at their December meeting.

The patient suffering with terrific headache, and *petit mal*, who was given sulphur 100M., stated a few days ago that after first taking the medicine, instead of three or four spells a day, the attacks did not return for one month. Then there was a lapse of two months before another return, when two slight attacks occurred.

Another patient, having melancholia and amenorrhœa, who received pulsatilla, and afterwards sulphur, and who was improving and regaining her lost flesh at the rate of five pounds in two weeks, had her menses return two weeks after the report was made, and is now perfectly well.

A third case of intractable periodical nausea, in a child nine years old, following cerebro-spinal meningitis, has not had a single return of the symptom since prescribed for three months ago. The curative remedy was cina, and its action was immediate.

Dr. E. S. Bailey presented to the society a printed form, for the ready and permanent noting of the conditions found when testing urine. He calls it a Urinalysis Tablet. It is about letter paper size, and is put up in blocks of fifty. It is exceedingly neat typographically, and contains many suggestive hints and considerable information anent the macroscopical, chemical, and microscopical examination of the urine.

The time for adjournment having arrived, other papers from associate members were read by title, and ordered to be printed in the February *Clinique*. They were as follows:

1. "Hamamelis Virginica in Hæmorrhage from the Kidneys," by Thomas Nichol, M. D., LL. D., B. C. L., Montreal, Canada.
2. "Mountain Fever," by W. M. Davidson, M. D., of Colo.
3. "The Use and Abuse of the Obstetrical Forceps," by C. G. Higbie, M. D., of St. Paul. A. K. C.

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LOWVILLE, New York, Feb. 10, 1883.

EDITOR COUNSELOR:—

Below is the history of a case of *Diabetes mellitus*, for which I would like the advice of some of your readers:

Mr. M. L., aged about thirty years, came to me for treatment on Nov. 17, 1882. The history of his case is like this: the first

disturbance in his health occurred last July, when he would tire easily; had quite a good deal of thirst, and also noticed an increase of urine. Up to July 1, 1882, he was in good health.

Nine years ago a tree fell upon him, breaking his left clavicle. Had typhoid fever when about sixteen years old. Has been subject to headaches since then, located in the right side.

He now presents the following symptoms: passes about two gallons of urine during the twenty-four hours, getting up some six or eight times during the night; it is of a light color and clear; the specific gravity is 1.030. On boiling it with liq. pot. it assumes a dark-red color, indicating, according to Tyson, a 5-per cent. sol. of sugar. The odor of burnt sugar was very perceptible. He does not drink a great deal, although he suffers from dryness of the mouth, especially in the morning. Pulse 64, quite full; temperature 98.4 °. Has some bloating of abdomen, but not much. Is troubled with great weakness in the knees and hips; appetite fair, bowels constipated; tongue clean and moist.

He had phosph. acid<sup>1</sup> for about a month, without receiving much benefit. I then put him on brom. pot. grs. 5, four times a day, and in two weeks' time he reported that he only had to get up during the night two or three times. The specific gravity and the color remained about the same, and soon he had to rise as frequently as ever.

He is now taking uran. nit. 2x: has only had it one week, and as yet no benefit results. He does not eat potatoe or any starchy food; uses diabetic flour, eggs, etc.

C. R. BUSH.

BUFFALO, Jan., 1883.

*Dear Doctor:*—The seventh annual meeting of the American Homœopathic Ophthalmological and Otological Society will be held at Niagara Falls, in June. The president of the society is especially desirous that the meeting be an interesting and profitable one. To that end, he hopes that a large number of brief but practical papers may be presented, embodying, as far as may be, the clinical experience of the members. The meeting will be held on the day previous to that appointed for the opening of the American Institute of Homœopathy, so that there may be no conflict of interests. Will you not send to the secretary the topics upon which you will write, so that the programme may be arranged at as early a day as possible?

C. H. VILAS, M. D.,  
President.

F. PARK LEWIS, M. D.,  
Secretary.

## IN MEMORIAM

ROBERT J. McCLATCHEY.

BORN APRIL 6, 1836; ENTERED INTO REST JANUARY 15, 1883.

The death of Dr. McClatchey, after an illness of only fourteen hours, fills with sincere sorrow the large circle of his acquaintances and professional friends. A man of sturdy qualities; earnest, conscientious, upright; possessed of remarkable ability and of almost indomitable perseverance; a close student, a faithful physician, an eloquent and eminently successful teacher; a brilliant and productive writer—he crowded into a short life an immensity of work, and discharged with wonderful fidelity a variety of duties which made his influence felt not only in the circle of his immediate associates, but wherever homœopathy has a foothold. In the very prime of life he fell a victim of over-work.

Robert J. McClatchey was born in Philadelphia, April 6, 1836. He received a thorough common-school education, supplemented by a special course of study. In 1856 he graduated from the Homœopathic Medical College of Pennsylvania, and soon after, settled in Bethlehem, Pa. In 1863 he returned to Philadelphia, where he remained to the last, busily engaged in a large practice and in those varied duties which soon crowded upon him. An idea of the intense activity of Dr. McClatchey's life may be had by merely recalling briefly the more important positions held by him. In 1866 he aided in the reorganization of the Homœopathic Medical Society of the county of Philadelphia, and for nine years was its secretary. In June, 1866, he assisted in the organization of the Homœopathic Medical Society of Pennsylvania, and served for six consecutive years as its corresponding secretary and chief editor of its *Transactions*. In 1867 he accepted, and held for two years, the professorship of anatomy in the Hom. Medical College of Philadelphia. In 1868 he became the editor of the *Hahnemannian Monthly*, a position which he filled, with signal ability, for ten consecutive years. In 1871 he became the general secretary of the American Institute of Homœopathy, and continued in this office for eight consecutive years. In 1871 the Hahnemann Club of Philadelphia was formed, and Dr. McClatchey was chosen its first president; he filled this position, by yearly re-election, to the day of his death. He was the chief promoter of the establishment, in 1876, of the Children's Homœopathic Hospital of Philadelphia. In 1874 he was elected president of the Homœopathic Medical Society of Pennsylvania. In 1877 he accepted the professorship of "pathology and the practice of medicine" in the Hahnemann Medical College of Philadelphia. Throughout all these years of incessant labor he contributed valuable articles to different journals and transactions, and found time to render to others assistance in literary work.

But the over-worked brain at last reeled under the constant strain it had borne for so many years, and a dark threatening shadow fell upon McClatchey. Let the story be told by one who knew and loved him well:\*

"From the moment when, in 1871, the project of a 'World's Convention' of homœopathic physicians, to be held in Philadelphia in 1876, was first suggested to him, he manifested the most enthusiastic interest in its success. Associated intimately with Carroll Dunham in the work of preparation for the Convention,

\*Editorial *Hahnemannian Monthly*, January, 1883.



he planned liberally and labored assiduously to secure its highest possible results. But about the time that the Convention was held, or shortly afterwards, his intimate personal friends—and he had hosts of them—began to observe an evident failure in his old-time energy, as manifested more especially in the lessening promptitude with which his more public work was performed. He seemed, in conversation, to express the same interest in his work as of old, and was ever planning for its completion, but one after another his plans failed of their golden fruition. The journal issues fell into arrears; the work of issuing the *Transactions* of the World's Convention, so anxiously and expectantly awaited, dragged slowly along, and presently ceased altogether; professional meetings of various kinds were unattended, committee work was left undone, and even his private business showed symptoms of neglect. Then, a waiting, expectant profession began to question, then to criticise, and then to denounce, until, finally, even the harshest expressions were vented against him by those who little dreamed that his failures were due, not to culpable indifference, but to the paralyzing influence of insidious disease. The chief point against which professional criticism was directed, was the non-appearance of the World's Convention *Transactions*. Dr. McClatchey having been largely instrumental in securing the success of the Convention, was, as he freely confessed, ambitious to present the two huge volumes of its *Transactions* to the profession in the best possible form, with all their essays, histories, statistics, and proceedings, finished and complete. The amount of labor performed upon the manuscripts by the lamented Dunham, and by the scores of men who had aided in it, had impressed the public with the false idea that comparatively little work was needed to fit them for the compositor, but when Carroll Dunham's health gave way, and all the manuscripts came into Dr. McClatchey's hands, the astounding confusion and incompleteness of the work of preparation were found to be such that only by an enormous amount of toil could he hope to fit them for issue from the press. The vast magnitude of this work, which a few brief years before would have been undertaken systematically and fearlessly, now, in the broken state of his health, utterly discouraged and appalled him. Yet he succeeded in extricating some considerable portions of the work from its almost hopeless chaos, until, worn-out with the unequal struggle, he abandoned it entirely, yet in the hope of some day taking it up again and pushing it to completion.

“It must not be supposed that those who enjoyed the opportunity of close and constant intimacy with him were much better informed respecting the essential causes of his failure than were his brethren who lived at a distance. True, they did know something of the vastness of the work before him, and that his inability to grapple successfully with it was due to some physical cause. Nor were any of them much wiser until his friends in the college faculty at last found opportunity to literally force him to abandon the work to other hands; and then, the long strain over, the reaction came, and the worn-out brain and body suddenly succumbed, and for weeks lay struggling in a conflict between life and death. His disease was purely cerebral, and at last his failures were all explained.

“This was in June, 1880. To the surprise of his physicians he slowly returned to some measure of health and strength, but it was painfully evident to all his professional friends that he was no longer the physical and intellectual giant that he once had been. In some respects, it is true, much of his old-time bril-

liancy was restored, but his power for long-continued and severe mental or physical work was gone. His health was wrecked irretrievably, and his medical associates were fully aware that the disaster which has so recently befallen them in his death, might occur at any moment. And so, after two years more of labor, unexpectedly perhaps to him, he has suddenly ceased to go in and out among us. The tired brain and body are in calm repose, and the spirit is enjoying its heaven-bestowed reward."

We had the pleasure of meeting McClatchey at Indianapolis, during the meeting of the American Institute in 1882. We knew something of the man's past, of his work for the profession, and of the cloud that had been overshadowing him. He bore the marks of the battle he had passed through, and giant though he still seemed when brightening-up for a half-hour, there was hanging about him an air of weariness which was pathos itself.

Alas! what fools we mortals be! He has gone now, and the words of tenderness we speak come altogether too late for him. For the sake of the living, and for the sake of him who has just gone, let us keep green the memory of this weary-one now laid to rest, and let the universal sorrow and keen regret now felt teach us a lesson of true charity and justice.

## THE LIBRARY.

**THE HOMOEOPATHIC TREATMENT OF CONSTIPATION.** By H. Bernard, M. D. Translated and revised from the second Belgian edition, with additions and clinical cases from American sources, by T. M. Strong, M. D. Publishers: W. A. Chatterton, Chicago; A. L. Chatterton Pub. Co., New York. 1882.

The little treatise of Dr. Bernard has lost nothing by passing through the hands of Dr. Strong; the many clinical and other additions found in the translation before us have largely enhanced the value of the original matter, the whole forming a neat volume of almost two hundred pages, well arranged, and full of information to be had at a moment's notice.

Since the work does not pretend to treat upon anything save therapeutics, no complaint can be made on account of the absence, or extreme meagreness, of everything which deals with the etiology or pathology of constipation; it is to be hoped that a second edition will be demanded, and that in it the entire subject will receive careful attention.

The volume is well printed, presents a neat appearance, and should sell rapidly.

**ELECTRICITY IN MEDICINE AND SURGERY.** By Geo. C. Pitzer, M. D., Professor of the Theory and Art of Medicine, in the American Medical College, of St. Louis, etc. First edition. St. Louis, Mo. 1883. Price, \$1.00.

A number of small works on the therapeutic use of electricity have been written since the publication of Beard & Rockwell's large work. These smaller publications cannot, of course, enter upon an exhaustive discussion of all that properly belongs to medical or surgical electricity, but several of them contain a large amount of information, presented in an accessible form, and dealing with facts without a knowledge of which no man should ever attempt to use the current for purposes of healing. Dr. Pitzer's little book belongs to this

class; it is well written, and calculated to furnish not only considerable information upon the subject with which it deals, but to also stimulate the reader to a more exhaustive study of so important and powerful an agent in the treatment of many diseases. We can recommend the book to the favorable consideration of our colleagues.

## SOCIETIES, ETC.

AMERICAN INSTITUTE OF HOMOEOPATHY.

PHILADELPHIA, February 1, 1883.

*Dear Doctor:*—Our joint resolution securing equal rights for all qualified physicians in the U. S. government service, has, until now, been in the custody of the (senate) Committee on Civil Service and Retrenchment, Senator J. R. Hawley, of Conn., chairman. A majority of said committee were in our favor, and much popular influence was also brought to bear, with a good prospect of a favorable report. I wrote to Senator Hawley, as chairman, but received no reply. I now learn that, at Senator Hawley's urgent request, our joint resolution has been taken from his committee, and sent to the Military Committee, viz: Senators Logan, of Ills.; Harrison, of Ind.; Hawley, of Conn.; Maxey, of Texas; Cameron, of Pa.; Sewell, of N. J.; Cockrell, of Mo.; Grover, of Oregon, and Hampton, of S. C. Please ask your readers to urge these gentlemen to a favorable and speedy report. "Eternal vigilance," etc.

Fraternally, yours,

JOHN C. MORGAN, M. D.,

Chm. Com. on Legislation, Am. Institute Hom'y.

## MEDICAL MEMORANDA.

Prof. Geo. W. Barnes has been elected President of the Board of Health, San Diego, Cal.

Dr. W. H. Harrison, formerly of Port Hudson, La., has located at Baton Rouge, La.

Dr. W. F. Thatcher has removed from Pinckney, Mich., to Gainesville, Cook county., Texas. Dr. P. B. Hoyt has left Norwalk, Ohio, and has made his home at Dallas, Texas.—We are glad to see energetic homeopaths settle in Texas; the state offers tempting inducements to men who have ability, patience, and health; let northern, and especially north-western, men who are looking for a home and "a chance to grow up with the country" bear in mind the "Lone Star" state, take possession of the many towns where homeopathy is still an unknown art, organize and maintain an active State-Society, and see that our school is represented in the public institutions of the state,

# THE MEDICAL COUNSELOR

*"Amicus Plato, amicus Socrates, sed magis amica veritas."*

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchange, must be addressed to H. R. Arndt, No. 22 Monroe Street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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GRAND RAPIDS, MICH., MARCH 1, 1883.

No. 86.

## ANGINA PECTORIS.\*

BY H. BERNARD, M. D., OF MONS, BELGIUM.

CONTINUED FROM PAGE 684.

### TREATMENT DURING THE INTERVAL OF THE PAROXYSMS.<sup>1</sup>

**Arsenicum.**—This remedy seems to us to be most generally considered as one of the heroic remedies for angina pectoris. Hartmann and Jahr, as well as Hughes and Jousset, are in accord in praising this precious polychrest. We will not repeat what we have written on the subject of its influence in the treatment of the paroxysm. Its characteristics are known to every homœopath. Ruddock thus summarizes: Extreme dyspnoea, aggravated by the slightest movement, marked debility, face pale and drawn, pulse feeble and irregular, fear of approaching death.

Jousset, on his side, writes: "Arsenic is of service when the paroxysms occur in the night, and are accompanied by a severe pain, which drives the patient out of bed, and keeps him immovable, with the body bent forwards; he is anxious and covered with sweat."

We reproduce the following passage from Imbert Gourbeyre:<sup>2</sup> "The English physician Alexandre was the first to use arsenic in angina pectoris, and was induced to do so, undoubtedly, by the favorable results already obtained by this remedy in the treatment of asthma. He used Fowler's solution in doses of six drops three times a day, in a severe case of angina, in a man

\*Owing to the length of this article, we omit the chapter on "Treatment during the Paroxysms."—[ED. COUNSELOR.]

1. Translated from the MSS. of the author. T. M. S.

2. L'Art Medical, T. 37, p. 442.

fifty-seven years of age, and relieved the following paroxysm. Several milder paroxysms occurring later, he continued the same remedy and finally cured the patient. Harbes, (?) who cites this fact, calls the attention of physicians to the value of this medicine in similar cases."

Dr. Teissier, of Lyons, has published a successful cure of a case of idiopathic angina pectoris. The patient had complained for eighteen months of acute pains in the breast, which came in paroxysms, affecting especially the apex region of the heart and the left arm, producing an acute sensation of anxiety and a marked oppression of the breath. The paroxysms lasted about half an hour, and returned once or twice every day. After trying several remedies without success, M. Teissier, in despair of the cause, turned to arsenic, and administered it in doses of 0.005 grammes. On the next day the paroxysms failed to appear, but on the third day he had two very violent attacks. Discouraged, he stopped the arsenic and returned to the datura and camphorated ether, but at the end of a few days, thinking he had given too strong a dose of the arsenic, he determined to give Pearson's solution, in doses of five drops per diem, united with the liquor of Hoffmann. The painful crisis disappeared; the patient experienced a sense of well-being not felt for ten months, and left the hospital, not long after, in a very satisfactory condition.

We find in the monographs of M. Isnard (p. 82), and of M. Barella (p. 19), two well-defined observations on the cure of angina pectoris with arsenic. In his memoirs upon the vaso-motor neuroses, Cohen has cited also a case of cure by the same treatment.

**Digitalis.**—This remedy, of which we have had already an occasion to speak, in connection with the treatment of the paroxysm, occupies an important place in the general treatment.

We would call attention, in passing, to the indications given by Hartmann.

Ruddock recommends it for the cases occurring in those of advanced age, and when the paroxysms appear frequently and suddenly.

We give an interesting observation by Bachr, which we ex-

tract from Ruckert': A woman twenty-five years of age, mother of six children, was treated ten years before for an attack of icterus. For the last five years she has complained of the following: Upon a violent, brusque movement, especially with the arms upwards, there is developed suddenly a sensation as if the heart was flying here and there, or as if that organ had been loosened from its attachments; then follow some violent palpitations, and, later, an absence of the pulse, which, when it returns, is quick and irregular; then the patient is seized with an extreme fear of death, with a fainting sensation of weakness, but without loss of consciousness. Outside of the paroxysm, the heart does not present any anomaly. The pulse, usually 100, becomes quicker and fuller by the slightest emotion. There was no abnormal dulness in the region of the heart; the cardiac impulse could be detected only with difficulty. Otherwise no pathological condition could be detected. After the paroxysms, there was a feeling of weakness for about twenty-four hours. The attacks returned without regularity, five or six times a year, at the most. After trying several remedies in vain, digitalis<sup>1</sup>, one grain, was given every other evening for three weeks. Since then there has not been any return of the paroxysms.

Spigelia.—This, says Jousset, is one of the principal remedies for angina pectoris; it corresponds to the anxious sub-sternal pain, which radiates into the neck and arms, as also to the irregularity of the pulse, tendency to syncope, palpitations, and aggravation from motion. I begin with the 3d dilution, three or four doses a day, and descend to three drops of the tincture, or go up to the 6th, 12th, or 30th, according to the susceptibility of the subject. I can point to many cases in which this medicine has produced a permanent cure or an amelioration of long duration.

If there is need for other remedies than arsenic, says Hughes, you will think of hydrocyanic acid and cuprum, for the spasmodic form of angina; the first in recent cases, and the second in those more advanced, and of spigelia in the cases which are purely neuralgic.

Among the numerous observations of the use of this remedy, we will select the one reported from the *Clinique de l'Hopital*

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1. Klinische Erfahrungen, supplem., p. 854.

*St. Jacques*, by M. Jousset': Chronic aortitis and angina pectoris: Mme. Duplessis, forty-nine years of age. This patient had always had a fair state of health. Menstruated at seventeen years, and ceased at forty-two years. She has had hæmorrhoids for fifteen years, which are at times very painful. The affection for which she entered the hospital dated back for a year, but long before this she had felt tingling sensations in the region of the left scapula. In the beginning of the disease she had felt a sharp, intense pain in the back, which sometimes compelled her to stop working. She complained of a sensation in the back as if insects were biting the skin. For two or three months she complains of a sensation of suffocation coming in paroxysms, lasting a short time, and occurring especially while walking. During this same interval she has had sub-sternal pains, with a numbness in the left arm, extending to the fingers. There is an absence of any abnormal aortic dulness; a murmur in the two carotids; the aortic valve-sounds are replaced by dull bruits; pain at the top of the sternum, aggravated by pressure and walking; pain along the phrenic nerve, excited by pressure at the point of the left scalenus muscle; habitual dyspnœa and insomnia. She is compelled to stop frequently while walking, on account of the sub-sternal pain, which is prolonged under the sensation of numbness in the left arm. The sphygmograph shows the pulse to be almost regular; a short ascending branch, slightly oblique; a very marked level at certain pulsations; a long descending line oblique, with a very feeble undulation. *Spigelia*, given persistently, caused the sub-sternal pains to disappear almost entirely.

*Nux vomica*.—This remedy, says Jousset, in his *Elements of Practical Medicine*, has given me the best results after *Spigelia*. I owe complete cures to it in the cases without lesion, but the existence of a cardo-aortitis does not always prevent its favorable action. It is especially indicated in the hæmorrhoidal diathesis. If the paroxysms occur day and night, and terminate by eructations and vomitings, *nux vomica* is of especial service. The 12th dilution has served me well, although I have used also the 3d and 30th.

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1. V. L'Art Medical, 39-350.

Ruddock, Espanet, and Hughes also speak of this drug in the general treatment of angina pectoris.

We give two characteristic observations reported by Jousset: Mme. P., aged forty years, hæmorrhoidal diathesis, had suffered for three years with angina pectoris. The attacks occurred day and night, and were very frequent, being more violent in the night. The pain was constrictive and agonizing in character, compelling outcries in the patient. The pain was located in the entire thorax, extending into the left arm, anterior part of the neck, jaw, back, and kidneys; vomitings occurred at times; the attacks terminated with flatulency and a clear and profuse discharge of urine. During the night-attacks the patient would kneel with the body bent violently backwards. The attacks were provoked by walking and by emotions. *Nux vom.*,<sup>1</sup> and then gradually down to the 3d, produced a marked amelioration. The attacks occurred only in the day-time, and were very light in character.

M. M., aged twenty-two years; of a hæmorrhoidal diathesis, and his father of the gouty; he used tobacco and coffee to excess, but led a very active life; he suffered from painful paroxysms having all the character of an approaching angina pectoris. The disease had lasted for several months, and had alarmed his family. *Nux vom.*<sup>2</sup> caused an entire disappearance of the paroxysm. Twenty years later, he had another attack, but lighter in character. *Nux vom.* again removed the trouble, although he continued, against my advice, to use coffee and tobacco.

If it is true, as we believe, that angina pectoris is frequently symptomatic of alcoholism, it will be another reason for recommending *nux vom.*, which is, beyond doubt, one of the best antidotes to alcohol. This side of the question has not been, as yet, sufficiently elucidated, and we bespeak the serious attention of our colleagues to it.

*Aurum muriaticum.*—This is recommended by Dr. Kafka as the curative remedy in stenocardia with venous stasis. Tuthill Massy<sup>3</sup> also recommends this remedy in the 2d or 3d dilution.

Dr. Burnett<sup>3</sup> recalls the fact that Hahnemann employed this

1. *L'Art Medical*, loc. cit.
2. *Practical Notes on the New American Remedies*.
3. *Gold as a remedy in disease*. London, 1879.



remedy in the disease under consideration, and he cites as a point of value, not only the work of Kafka, but also the authority of Dr. Drysdale, of Liverpool. He confirms, from his own experience, the great importance of this remedy.

Dr. Guernsey gives, as characteristic, the tendency to suicide.

Cuprum.—Dr. Hughes, as we have already mentioned, uses this remedy for advanced cases of spasmodic angina pectoris.

Hale<sup>1</sup> recommends the arsenite of copper.

We give an observation from the *Monthly Hom. Review*, in which Dr. Bayes<sup>2</sup> gave cuprum acet. with success:

A. H., sixty-three years of age, had had frequent attacks of angina pectoris, coming without any apparent cause, aggravated or produced by exercise or emotion. She came to the dispensary and, after a time, appeared to be cured, so that she went to work at harvesting; later, the paroxysms returned, and she had several severe attacks. Cuprum acet.<sup>1</sup> was given twice a day. Two weeks later the pains had not returned. Cuprum acet.<sup>2</sup> was given. The pains did not return.

Sambucus.—We have spoken of this remedy in connection with the treatment of the paroxysm. Kafka considers it as the remedy par excellence in the spinal or syncopal form of angina pectoris. We will read later some interesting details given by our colleague of Prague.

Agaricus.—According to the same author, agaricus is the most important remedy in the gastralgic form, and we show at the end of this memoir in what sense this assertion ought to be understood.

Aconitum.—Although Jousset says he never obtained any benefit from this remedy, it is nevertheless true that M. Imbert-Gourbeyre has published an undoubted case of cure of angina pectoris by aconite, given in the tincture. The characteristics of aconite are known sufficiently by all homœopaths, so that we need not repeat them here. We will mention only that the sufferings which aconite quiets are aggravated ordinarily during the night, especially at midnight, when one straitens or raises up, when one inspires deeply or lies upon the painful side. We

1. *New Remedies*, II., 44.

2. *Bibl. hom.*, V. 393.

mention also the influences of aconite in the consequences of fright.

Bryonia.—M. Jousset says: This remedy has given very marked amelioration in a small number of cases in which the patients were attacked only on motion. The following observation by the same author will be read with interest:

M. D., sixty-four years of age, has suffered for twelve years with angina pectoris. He had never had any eruption, hæmorrhoids, or gout; auscultation gave negative results; there was here, then, a case of essential angina pectoris. He attributed his disease to a chilling of the body during perspiration. The pain was sub-sternal, compressive, agonizing; it affected both arms and extended to the little fingers. The attacks occur daily, but only after eating. The patient is often compelled to stop in his walking, and cannot go up stairs. During the month of October, 1871, he took successively Bryonia 6th, 12th, and 30th. At the end of the month he was better. Bry. 2c was given, and repeated at the end of two weeks, the improvement continuing. The remedy was continued through January and February, when the paroxysms were less frequent and severe, and he was able to go up three pair of stairs without stopping. The remedy was continued, but the patient did not return again.

Belladonna.—We have given already, under the treatment of the paroxysms, some of the distinctive traits of this remedy. The following clinical observation by Dr. Schleicher<sup>1</sup> deserves to be re-produced:

A young and vigorous peasant, in good health since his birth, was attacked in his twentieth year, and without appreciable cause, with the conditions. There was experienced first a sudden sensation of constriction in the region of the heart, as if that organ, under the influence of a great anguish, ceased to beat; at the same time there was a congestion of the head, the face and eyes having a red and glistening appearance; there were hallucinations and vertigo, the patient falling without loss of consciousness. The paroxysms lasted from five to ten minutes, and were repeated two or three times a day. This trouble had lasted for four weeks. No morbid alteration could be detected, either in the thoracic organs or in the vertebral column. Spasma cor-

1, Ruckert, Klin. Erfahr., quoted in the Allg. Hom. Zeit., 55-116.

dis. Bell.<sup>2</sup>, twice a day, gave immediate relief, and a cure in two weeks.

*Naja tripudians*.—The venom of serpents has been cited by many authors, the preference being given to the *Naja tripud.* Russell, Hale, Ruddock, and Hughes mention this remedy.

We re-produce here an important observation by Dr. Bradshaw<sup>1</sup>:

M., thirty-five years of age, mother of four children, had had several miscarriages, and had lost a brother and a sister with phthisis pulmonalis; herself, condemned five years ago by her physician, had been so far cured by homœopathic treatment that she felt only a certain degree of dyspnœa during motion. She consulted Dr. Bradshaw for attacks of very acute, pungent pains in the region of the heart. He witnessed several of these attacks, during which the patient ceased to breathe, and death seemed to threaten. The paroxysm passed, everything went in regular order, and she did not seem to be sick. Acon., bell., arsen., acid hydroc., lach., spig., and aurum were given without any benefit. *Naja* was then given; relief followed promptly, and finally a cure.

*Cactus grand.*—This remedy is of service in the general treatment of angina pectoris. We would refer to what has been said of this remedy under the treatment of the paroxysm. In the *Revue Hom. Belge*, Feb. 1880, we find the following: A postman had suffered for a long time, and was liable to lose his position in consequence of his inability to fulfill his duties. He would be attacked with palpitations of the heart, on making an unusual movement or after the slightest emotion; he felt at such times a pain in the precordial region, or as if the heart were squeezed in a vise; such was his expression. He had suffered formerly with sciatica, and the origin of the present attack was probably rheumatismal. The pulse was bounding, heart slightly hypertrophied, the second sound rough and blowing; a slight friction sound showed the pericardium to be affected; cardiac pulsations violent. He felt, at times, vertigo, and a disagreeable sensation in the head. *Cactus*<sup>1</sup> was given by Dr. Martiny, and the cure was complete in two years.

1. Annals and Transactions of the Brit. Hom. Society and the London Hom. Hospital, 1, 294 (V. J. Art Med., 20-45).

*Cimicifuga rac.*—Tuthill Massy considers this remedy as a true specific in this disease.

Hale recommends it in endocarditis, especially when it is idiopathic or rheumatismal. He also notes it for cardiac myalgia, oftentimes confounded, in his opinion, with genuine angina pectoris. Finally, speaking of cardiac debility, characterized by irregular palpitations with intermittent and feeble pulse, he compares *cimicifuga* with *digitalis*, the symptoms of which are very analogous. If the symptoms of cardiac debility are primarily provoked by nervous atony, *cimicif.* is indicated. If, on the contrary, this condition is secondary, succeeding to a former excitation, *digitalis* is better indicated.

Oxalic acid.—After giving, in this connection, a clinical observation, whose length precludes its insertion here, Dr. P. Dudley<sup>1</sup> summarizes its characteristics as follows: Peculiar sensation of numbness, approaching paralysis; pains excited or aggravated by motion; jerking, or short, twitching pains, limited to a small space and lasting only a few seconds; cessation of suffering for several hours or days; marked irritation in the alimentary canal; constipation, difficult respiration, thoracic oppression, especially on the right side; acute shooting or lancinating pains in the left lung and heart; stiffness and weakness in the back and upper limbs; coldness and complete loss of motor power in the legs. This remedy will be found indicated also by acute lancinating pains in the arms, and especially by the particular form of dyspnoea which the case presents; jerking inspiration, with sudden and forced expiration, as if the patient made a sudden effort to relieve himself of an intense pain by driving the air from his lungs.

## ON THE USE OF CHLORAL HYDRATE IN LETHARGIC SOMNOLENCY.

BY J. C. BURNETT, M. D., LONDON, ENG.

Those who have watched *old* chloral-eaters may have noticed that they slowly get lethargic, somnolent, and listless. Towards the end of the chapter of chronic chloralism there is a condition of fatty degeneration of a slow, lazy type, and the very mode of

1. V. Bibl. hom., t. 8, pp. 90, et seq.

death seems peculiar. I have seen a case where the subject of chronic chloralism lay for days a-dying; she was for several days so that it was very difficult to determine whether she was dead or not.

Occasionally one comes across a remarkable case of somnolence, and then the narcotics are to be thought of by the therapist.

I will shortly relate two such cases from my own practice:

No. 1. A lady about forty-five years of age, stout, fresh-looking, and the mother of a family, was the subject of remark of her friends, on account of her lethargy and sleepiness. Her weakness was such that even crossing the street was almost impossible; the weakness was peculiarly lethargic, a kind of listless heaviness. She was almost constantly asleep; she would get up in the morning after a good night's rest, and even while dressing, she seemed compelled to sit down, and no sooner seated but she would fall asleep. This state of things went on for weeks and months, and her allopathic adviser did his best in vain. After she came under my care I tried first arnica, and then opium, with but indifferent success, when all at once I bethought me of the great similarity of the case before me to that of a confirmed old chloral-eater of my *clientele*.

Chloral in a low dilution cured my patient, and she again became brisk, active, and wideawake.

No. 2. An elderly lady came under my care on April 21, 1881, for lethargy, languor, and somnolence.

℞—Trit. 2x Chloral Hydrat.  $\zeta$ iv., six grains in water every three hours.

May 7. Under this date I find these notes in my case-book: "Feels a different creature; vastly improved; less lethargic, and decidedly less languid."

She then got the third decimal trituration in lieu of the second, and only two doses a day, and then needed no further treatment, as she subsequently informed me when calling with her husband.

Perhaps some of my colleagues have had similar experience of the use of the great sleep-giver to cure sleepiness.

It is a standing marvel to me how it is that homœopathy does not carry conviction to people's minds.—*The Homœopathic World*, February, 1883.

## CLINICAL OBSERVATIONS IN GYNÆCOLOGY AND THE TREATMENT OF NERVOUS EXHAUSTION IN WOMEN.

BY B. F. BETTS, M. D., PHILADELPHIA, PA.

Much of the difficulty experienced in diagnosing the diseases peculiar to women is overcome when the patient is placed upon a couch or table high enough to afford the examiner every facility for the application of all the means and methods desired for this purpose. The flat topped office table will answer for an examining table better than the lounge or sofa usually employed by the general practitioner for this purpose, and is not very much more objectionable to the patient. When the uterine sound cannot be used for the purposes of diagnosis for fear of the injury it may inflict, and it is desirable to test the mobility of the uterus, its relationship to other structures in the neighborhood, its dimensions and outlines, as well as the size and position of other bodies in the pelvic basin, he may resort to the following method:

Pass the index finger into the rectum, and the thumb of the same hand into the vagina, press against the perinæum until the thumb reaches the cervix. This will be the landmark from which we take our bearings. With the other hand the abdominal walls are compressed externally so as to depress the uterus and its connections, and engage them between the hand externally and the fingers below. This method of exploration can be employed to the best advantage when the patient is made to turn partly on the left side whilst the examiner stands on the same side facing her.

By hooking a tenaculum into the anterior lip of the cervix, and pulling the uterus gently towards the vulva, the posterior wall can be reached more readily, and the presence of fibroids detected if situated high up in the fundus. In the same way we may aid in the restoration of the uterus to its proper place where it is retroverted.

If the cervix is lacerated and hypertrophied, and the patient menstruates too frequently and too profusely, and suffers from leucorrhœal discharges, we may suspect a diseased condition of the lining membrane of the uterus characterized by the development of little vascular bodies like papillary projections, which

result from prolonged congestion within the endometrium; or the organization of portions of the placenta retained since the last parturition. These can be detected and removed by passing the dull curette over the mucous membrane of the uterus from the fundus to the external opening.

This simple procedure has to be carefully performed, and every precaution should be subsequently taken by keeping the patient in bed for at least two days, and the use of hot water vaginal injections to prevent any septic or inflammatory condition from developing. Much disappointment has been felt by the inexperienced operator in the results of the operation for lacerated cervix on account of this diseased condition of the uterine mucous membrane not having been recognized and cured before the trachelorrhaphy was performed; for in that case the uterus will remain large and subject to displacement, whilst the profuse menses and leucorrhœal discharge continue.

For simple, uncomplicated endometritis or uterine catarrh the most efficient remedies have been such as we use for catarrhal conditions of the nasal mucous membrane and elsewhere. They are *nux vom.*, *merc. v.*, *puls.*, *sep.*, *hydrastis*, *arsen.*, etc. When the parenchymatous tissues are involved, and the disease is chronic in character, we find indicated beside the above, such remedies as the salts of potassa, aurum., in its different combinations, *lyc.*, nitric acid, alumina, *iod.*, etc., thus completing the analogy with the chronic form of nasal or bronchial catarrh.

When the infravaginal portion of the cervix is one large, swollen, vascular and granular sore, with a profuse discharge pouring from it continuously, we can benefit the patient by modifying the vascularity and diminishing the drain if we puncture the mucous membrane and submucous tissues in a number of places by means of a small-bladed knife; our object being, not so much to deplete the parts by the amount of hæmorrhage induced, as it is to occlude the capillaries by the retraction and healing process which ensues. The scarification seems to be followed by the best results when it is done within the second and third week following menstruation, and has to be repeated several times at intervals of from five to six days. *Lyc.*<sup>200</sup>, *nitric ac.*<sup>3</sup>, *ferr. jod.*<sup>4</sup>, *ars. jod.* 6x, are the remedies which have been most frequently used, although many others have been required, for the disease

resists all forms of treatment, and the cure is a tedious process in many cases.

Pessaries, it seems to me, require to be removed and replaced again more frequently than is generally supposed. The question has been discussed recently whether they are ever capable of curing uterine displacements. It seems to the writer to be unscientific to rely upon them to effect a cure. Splints applied to a fractured limb do not cure the broken bone, but nature accomplishes the cure, and the splints, if properly applied, assist by keeping the fracture in a favorable position for union, but they will destroy the utility of the limb if worn too long. So do pessaries assist in keeping the uterus in the most favorable position for the restoration of its natural supports to their healthy condition, but they also destroy the utility of these supports if they are worn continuously.

The treatment that succeeds in a good many cases consists in applying cotton wads about the cervix after replacement, to keep the uterus in position; the patient removes these herself in forty-eight hours, after which the organ is left to depend upon its natural supports for a time, and another replacement effected when these do not suffice to keep it in position. Each time the treatment is instituted, we find an improvement in the case until the cure is effected. Confidence can be placed in the efficacy of our homœopathic remedies in the removal of concomitant symptoms and the promotion of those nutritive changes which increase the tone and vigor of all parts alike.

The pelvic distress some women suffer from, is entirely disproportionate to the amount of uterine disease present, and this can only be accounted for by the extreme irritability of the nervous system in these cases. Much of the ovaralgia, dysmenorrhœa, etc., complained of by these women is due to the increased susceptibility of the nervous system to pain. This abnormal irritability of the nerve centers arises from an improper mode of life.

The facilities offered the present generation of women for the enjoyment of physical ease and luxury, are accountable for much of their suffering. The physical exercise of the common servant would be a blessing to the fashionable housekeeper of the present day. Formerly the duties of the housekeeper required her to be physically employed from morning until afternoon, without much



anxiety of mind; but now the duties of housekeeping devolve upon the servants, and they are so inefficient as to require a constant increase in the force employed, which brings with it an amount of mental labor and worry entirely disproportionate to the physical exercise taken by the presumed head of the household. It has been truly said that there are hundreds of ladies in our large cities who do not walk a mile a day for weeks together, and many more who have never engaged in any exercise which called forth the action of other muscles than those employed in the quietest locomotion. This great defect in the mode of life pursued by some ladies begins at an early age, even during their school days, when the mind is under a constant mental strain from study without the body obtaining enough physical exercise to strengthen the system to endure it.

The victims of this impressible, overstrung and irritable condition of the nervous system constitute such a large class of the patients who apply to the physician for treatment, that it becomes important for us to be able to recognize them so as to apply the proper hygienic as well as purely medicinal treatment.

This class of patients, as Dr. Weir Mitchell has pointed out, are not always thin and delicate looking, long chinned, long nosed little women, but they are sometimes fat and plump; but when we come to examine this fat we find it is not good, solid, adipose tissue, and there is something in the facial expression of the patients which indicates poor health. The skin is pale, for it is always anæmic. A slight abrasion is not followed by capillary oozing as in health, and when it is felt it is either dry and harsh, or else covered by a profuse dampness. Such patients complain of a never ceasing sense of fatigue.

These cases require something else than medicine to make them well. It may not be the "rest cure" of Dr. Mitchell in all cases, for in many instances the plan of forced alimentation, with properly directed exercise, will suffice. Prof. Byford recommends the ingestion of beef three times a day to an extent only limited by the ability of the stomach to retain it. Three ounces of beef must be partaken of for breakfast in some form, six ounces for dinner, and three ounces for supper.

In the treatment of the diseases peculiar to women it is necessary to be constantly on the watch for such cases, and when we

find them, forced alimentation will often benefit them. Other food than meat may be taken, such as stewed fruit and vegetables, but whether these are partaken of or not, the meat must be taken even at the risk of causing nausea. When a woman is anxious to get well and strong, she will try hard to follow out this treatment which is truly distasteful to her at first, on account of her appetite being poor and calling for such unsuitable food as ice cream, cakes, etc., rather than a more substantial diet. If she is not anxious to get well, but holds on to her ailments as to her possessions, of which he who would deprive her must be considered by her as almost a thief, then she will require the rest, electricity, massage and enforced alimentation recommended by Dr. Mitchell in such cases.

To carry out the latter method of treatment, a competent nurse, isolation from the family and sympathizing friends, with massage, are indispensable. Without these you fail in curing such cases.

Dr. Beard classifies the cases of nervous exhaustion under two heads, as they suffer most from brain exhaustion (cerebrasthenia) or spinal exhaustion (myelasthenia). And it answers a good purpose for us to follow his example, for "in cerebral exhaustion active muscular exercise in reasonable amount and variety may be allowed and enjoined. In spinal exhaustion, relative, and in some cases absolute, rest is demanded, and only passive exercise for a shorter or longer time as may be, according to the special peculiarities of the individual. A neglect of the cardinal distinction of these two forms of nervous exhaustion is the constant source of error in giving advice to patients."

The two forms are, however, combined, and not unfrequently alternate with each other in the same individual. Hence it follows that the patient must be watched, and her case studied by the physician, and treated according to the symptoms presenting. Dr. Beard himself is so firmly impressed with the necessity for individualization that he says, "If two cases are treated exactly alike it becomes highly probable that one is being treated improperly."—*Transactions of the Hom. Med. Soc. of Pa.*, 1882.

## PUERPERAL ALBUMINURIA AND ITS RELATION TO PUERPERAL CONVULSIONS.

[Read before the February meeting of the County Society.]

BY C. P. SEIP, M. D., PITTSBURGH, PA.

It is not my intention to enter into the full details of the various theories that have been advanced in regard to the causes of albuminuria during pregnancy. Even a brief review of these theories would require a great deal of labor and take much valuable time, without a fair return of practical knowledge. We are all well aware of the serious influence that this condition exerts on gestation, and the alarming complications which are liable to manifest themselves during and after parturition. The object of this paper is to present, as concisely as is consistent with the subject, a few remarks on the causes, their prevention and treatment, together with some clinical cases.

The prevailing idea is that albuminuria is nearly always associated with puerperal convulsions; yet it is a well-established fact that convulsions occur without a trace of albumen being found in the urine, before the paroxysm, but generally after it. When we consider that the average mortality of puerperal convulsions is about forty per cent., we should diligently search for the cause of this most dreadful complication of pregnancy.

Among the writers, Trousseau was one of several who located the cause of convulsions in the kidney; while Nothnagel assigns the cause to reflex excitement, independent of organic diseases.

Spiegelberg is another writer who maintains that "true eclampsia depends upon uræmic poisoning in consequence of deficient renal secretion." This view agrees with Carl Braun's opinion that they are caused by an albuminous condition of the urine. Erb believes the cause is due to irritation of the circumscribed spots found when the motor nerves of the antero-lateral column terminates in ganglionic cells. Loehlein, in a paper read before the German Gynecological Society, on the prognosis of puerperal convulsions, says: "The prognosis is the more unfavorable, the more pronounced is the functional disturbance of the kidney—by which is not meant the pathologico-anatomical disturbance \* \* \* and the nearer the end of gestation that the paroxysm occurs, the better the prognosis." From these re-

marks it is obvious that he is a believer in the theory that eclampsia is due to albuminuria.

Prof. Schröder, at the same meeting, expressed the opinion that nephritis during pregnancy was extremely dangerous, and if the pregnancy goes to the full term, a fatal or irremediable disease of the kidneys most generally remains behind. One would be easily led to believe, from these various opinions, that the causes of these complications are principally due to the disturbance of the kidneys.

Recently, an article was published in the *American Journal of Obstetrics*, in which the author reviewed these various theories, and concludes, from his standpoint, that they are all erroneous, and that the true cause of eclampsia is a genito-reflex neurosis. While albuminuria often exists during pregnancy, I can hardly believe that it is the direct cause of the convulsions. With pregnancy, which in itself causes a change in the nervous system, and the condition of the kidneys increasing this disturbance, it would require only moderate excitation to bring on convulsions.

I recently treated a woman in her first pregnancy, who had albuminuria, and from her very excitable nervous condition it was feared that convulsions would complicate the accouchement. Acting upon the above theory, I immediately urged her to keep in bed, and prescribed arsen. 10th dec. In order to quiet her mind, I studiously refrained from speaking in her presence of the real object of this procedure. All that she knew was, that the treatment was for the purpose of reducing the swelling in her lower extremities. She was required to lie on her side as much as possible, as this position would relieve the pressure on the larger blood-vessels better than lying on her back.

The urine, previous to the adoption of the treatment, was almost solid with albumen. In less than a week the quantity of albumen had diminished to one-half, and at the time of confinement, which was four weeks after the patient was first seen, the albumen had decreased to about one-fourth the original amount. The secretion of urine was more abundant towards the close of gestation. On Nov. 2, 1882, she was safely delivered, under the influence of chloroform.

We now had a better opportunity to approximate the quantity of water in the abdomen. The circumference of the abdomen,

on a line with the navel, measured thirty-nine inches. The quantity of urine passed in the twenty-four hours, commencing to measure twelve hours after delivery, was six quarts; the second day five quarts, and it gradually diminished until the amount was only three pints daily. Notwithstanding this abundant secretion of urine, there was a profuse perspiration, and a very meagre secretion of milk, and at the end of two weeks the mammary glands failed to give any milk at all. Ten days after confinement, the abdomen was reduced to thirty-one inches, her size before marriage. The woman has made a complete recovery; the last test of her urine was made but a few days ago, and not a trace of albumen could be found. Arsenicum was the remedy principally relied upon before and after delivery.

We cannot tell what complications might have occurred in this case, but I had the gratification of seeing the patient improve daily from the time she was ordered to remain in bed, and my belief is that she would not have been so satisfactorily delivered neither have made such a speedy and thorough recovery, had not these measures been enforced.

When the œdema is extensive, and the urine is albuminous, especially in the early months of pregnancy, some authors have advised the induction of premature labor as a prevention of serious complications, and greater or perhaps incurable kidney destruction. I would advocate absolute rest in bed in all such cases, and a close study of the homœopathic remedy, believing that much can be accomplished by these means. If they fail, then a resort to premature delivery would perhaps be in order.

Dr. Hoffmann and myself attended a case of puerperal convulsion a few years ago, in which we had every reason to believe that if the proper treatment had been employed during gestation, a fatal termination would have been avoided.

A few weeks ago I was called in consultation in a case of puerperal convulsions that terminated fatally. The case is herewith presented in full by my friend, Dr. Miller. It will be observed that Dr. Miller's patient had lost a brother a few days before her fatal illness, and assuming this to be the exciting cause, the pre-existing dropsy and overwork combined were sufficient causes to develop convulsions. Had she been under treatment, and this dropsical condition relieved, there would have been less liability

for this fatal complication. The history of Dr. Miller's case is as follows:

"Mrs. S., aged twenty-five years; dark hair, fair skin, short of stature; primipera in the seventh month. She was taken at 11 p. m. with pains in the abdomen of a colic character, accompanied by vomiting of a greenish, watery fluid. This continued, despite the simple remedies used, until 1 a. m., when the husband called on me to prescribe. I sent her *nux vomica*. She lived a mile away, and before the husband reached home she had had four spasms. He returned immediately and requested me to see her. I reached the house about 2 a. m. She had then been without a spasm for nearly an hour. I learned that she had been in her usual health during the preceding day, but had eaten saur kraut for dinner and supper the evening before. I also found that they had been dosing her with a carminative, which I thought might account for her snoring breathing and heavy sleep. I gave opium. A digital examination revealed the fact that the cervix was soft, but the os closed so tight as to render the introduction of the finger impossible. The feet, legs and thighs were very much swollen, pale, waxy, and pitted on pressure. While ascertaining the features of the case, a very severe convulsion occurred which was unmistakably puerperal in character. The spasm began by distortion of the muscles of the face, staring strabismus, shaking of the hands and arms with rigidity of the lower extremities. This continued until the face became purple and asphyxiation relaxed the attack. Following the spasm, there was frothing at the mouth, vomiting of a green, odorless fluid, which gushed from nose and mouth. A strange feature of the case was the paroxysm of sneezing which invariably occurred at the end of each spasm. The spasms now recurred every fifteen minutes. At 4 a. m. I announced to the friends the nature and probable cause of the trouble, and told them that in my judgment delivery was necessary; they having no choice of help, I decided to send for Dr. C. P. Seip. My messenger returned at 6 a. m., having failed to find Dr. Seip's office. I then went for Dr. Seip myself, having to go to the stable for my horse, thus consuming a great amount of time. All this accounts for the delay in attempting delivery. We reached our case about 8 a. m. Convulsions had occurred, as

before, every fifteen minutes. We used the catheter and drew off one and one-half pints of muddy urine. Efforts were now made to dilate the os. Dr. Seip succeeded in introducing one finger, but it was absolutely impossible to introduce a second one, owing to the unyielding condition of the tissues. I relieved him at intervals, and found the constriction so great as to cause, after a few moments, numbness and complete loss of sensation in the finger. The placental forceps were now used, and further dilatation was secured by opening the blades forcibly after introduction. The smallest Barnes' dilator was introduced and allowed to remain for twenty minutes. Great trouble was experienced in using the successive sizes, owing to the contractions which followed the use of each dilator. Dr. Seip succeeded, however, in dilating sufficiently to introduce the Hale forceps. Uterine contractions had now set in. Our patient, during the time, had become quite purple, especially about the ears, nose, lips, and hands. Breathing, during the interval of the spasms, became more labored, the vomiting and sneezing persisted, and the patient was very weak. The patient was brought to the edge of the bed, and while I made traction sufficient to rest the head of the child on the perinæum, the woman expired.

"From the occurrence of the first spasm she never became conscious for a moment. Chloroform was used with considerable freedom during a few spasms without any apparent effect. The green fluid vomited certainly amounted to two or three pints. The spasms did not occur with any regularity, the intervals varying; towards the last they were more protracted and less profound, as she could catch an occasional breath, which delayed asphyxiation. The sneezing was probably caused by the fluids getting into the nose during the vomiting. The swelling of her limbs alarmed this woman, but her fears were quieted by her neighbors assuring her that it was common to women in her condition. Her brother had died a few days previous. She had attended upon him during his last days, and was probably overworked.

"I desire to acknowledge my appreciation of Dr. Seip's assistance in this case."

#### DISCUSSION.

Dr. Martin—Is it not more common to find swelling of the limbs without any convulsions, than with them.

Dr. Cooper—Some practitioners of eminence aver and believe that albuminuria is the cause of most of the convulsions occurring in the puerperal state, but this is certainly not correct. Many convulsions are seen in this state which cannot be traced to uræmic poisoning. In some cases there is no excess of albumen in the urine; in other cases the albuminous deposit does not occur until after the convulsions appear.

Dr. Burgher—I do not think it is good practice to forcibly deliver when the woman is not at term, and there are no labor pains present. I believe they are very seldom relieved or benefited by it, and where relief has been given by this procedure, the same result could have been attained by the use of our remedies. I believe, as a rule, that more cases of puerperal convulsions occur after delivery than before it.

Dr. C. H. Hoffmann—Is it not the rule that where convulsions occur before delivery, the emptying of the womb gives immediate relief?

Dr. Burgher—I think not, unless other means are used to allay the irritation and excitement. I know forcible or rapid delivery is advocated almost universally in our works on obstetrics, but I do not believe in it, as a general rule of treatment.

Dr. Cooper—Convulsions occur both before and after delivery. Where they occur before, and delivery can be accomplished soon, before carbonization of the blood has occurred, as a rule the convulsions will cease. After the blood has become thoroughly charged with carbon, your efforts will be of little avail, except to protect you from the accusation of not having used all the means at your command. It is, I believe, considered unprofessional to allow a woman in convulsions to die undelivered. Whether the attack in Dr. Miller's patient was due to an excess of albumen deposited in the urine, or uræmic poisoning, we cannot determine from the examination made. If such was the condition, there was no other end but death. The first patient I ever saw delivered in convulsions had been in that state for twenty-four hours before I saw her. The urine was free from albumen, and the convulsions were almost continuous. She was about seven months pregnant. The cause in this case was intense mental disturbance from fright. The os was patulous, so that the blunt-hook could be passed by the head of the child, and



by making traction in the popliteal space, left side, the child was turned and delivered by the feet. The convulsions ceased immediately, but the woman died soon after.

Dr. J. H. McClelland—Two cases have recently come to my knowledge, (which were under old-school treatment), where forcible delivery was attempted, but both cases terminated fatally. Both of the women were in the seventh and eighth months of pregnancy. In the first patient, the general health had been good, so far as I know, except a jaundiced hue of the face. Finding that attempts at delivery seemed to aggravate the convulsions, the attending physicians desisted, putting her on opiates and chloroform. The next morning, the convulsions coming at longer intervals, and the os being more relaxed, delivery was accomplished. The convulsions, however, continued until death occurred. In the second case there had been dropsical symptoms, but treatment was refused. She died in convulsions.

Dr. Cooper—Albuminuria occurs in connection with a great many complaints. There are few fever-states without it. In those cases where the urine seems heavily charged with solid matter, the albuminous deposit is very apt to be less in quantity than when it appears clearer and more watery.

Dr. Scip—We know that we have traces of albumen in healthy urine. Some writers have maintained that the albuminous deposit of the disease in question is not identical with the albumen normally found.

Dr. Cooper—Albumen, to perform its office in the circulation, must be in a state of solution, and offer no obstruction in passing through the capillaries. The solid matters which appear in heavily charged urine are made up of other substances than albumen.

Dr. J. H. McClelland—I would not call the urine, spoken of by Dr. Cooper, watery. I was very much interested, both in the paper and in the case related by Dr. Miller. I must confess I am not clear as to the pathological condition of this patient; as has been intimated, we are in doubt as to all the conditions, on account of the want of time to make the proper examination. We are led by most observers and pathologists to believe that the disease is primarily one of the kidneys, and

that the albuminuria is a result of said disease. Again, that the convulsions follow from this same pathological cause, probably through reflex influences. I do not think that, in all particulars, this is a proven pathology. I have attended only a limited number of cases, yet I believe that the disease of the kidneys is secondary. I believe that the fact that albumen appears in the urine in different states, different pathological conditions would indicate that albuminuria or Bright's disease, (which includes a half-dozen different diseased states of the kidneys), is a constitutional disorder. A disorder, perhaps, with a blood-basis, a disease of blood-genesis, and the kidneys are affected in consequence of the overwork of elimination placed upon them. Now, the new conditions which are implied by the act of gestation, the changes set up in the system by this child-genesis, must have an effect upon the workings of the system, and serve as a predisposing cause for special disturbances of the organism which would only require an exciting cause to localize them. Not the least of these would be enforced changes in the blood,\* through impeded circulation, possibly, and the consequent excess of unabsorbed albumen. The fact that convulsions may, and do, occur, without any previous disease of the kidneys, so far as we have been able to discover, would add plausibility to the theory. Again, persons of uniform good health become pregnant, albumen appears in the urine, convulsions ensue, and oftentimes death. In many of these cases a postmortem examination shows the kidneys to be perfectly healthy, except possibly some slight congestion; that is where the disease is of recent origin. Where the causes have been acting for some time, and the discharge of albumen has been long continued, then you may find a deeper seated disease of the kidneys. I believe, then, that we must look back of the kidneys for the most frequent cause of this disease. That certain remedies, such as arsenicum, have a beneficial effect, would seem to imply that this disease is dependant on blood changes rather than on disease of the kidneys. I admit that the matter is not well defined in my own mind, for I have not given it close study, but I believe that it is in this direction that we must look for a solution of the question. In regard to the treatment, I do not think it is well to use extreme haste to empty the uterus. If convulsions persisted, notwithstanding well di-

rected treatment, I would certainly induce premature labor. Instead of emptying the uterus in one hour's time, I would take twenty-four hours, if necessary. The shock to the woman in thus hastening on labor against a resisting or unyielding organ, must add another factor in producing death. While this treatment is necessary in some cases, yet the very large mortality attending it should lead us to apply it carefully, and, I might almost say, as a last resource. Our remedies do act in these cases, sometimes, beyond our expectation; many of our physicians can bear witness to this. A profound chloroform narcosis is a valuable aid in quieting the nervous excitement, and allowing the uterus to relax. This is a matter for the finest judgment, and I would not speak dictatorially nor in criticism of the case read here tonight.

Dr. C. H. Hoffmann—I do not feel like accepting the statement that the excess of albumen in the blood causes a congested condition of the kidneys in their attempt to eliminate it. In regard to the mortality among those who are delivered rapidly, we must remember that these cases are those in which the convulsions are occurring most frequent, and you must give prompt relief, or the woman will die. I think the chances are better for the patient if she has been only twenty-four in convulsions, than if it extends to forty-eight. Her vitality is greater in the beginning, and she can better endure the convulsions, even if they come at shorter intervals.

Dr. Cooper—Pregnancy is a physiological condition, the performance of a function, and all other things being equal, there will not be any convulsions. There must be some disturbing influence, either direct or reflex, to throw the system out of order. What is the immediate force which produces a convulsion? Direct pressure upon the medulla. This may be from within or without, it may be from uræmic poisoning, or from some reflex irritation, but it always affects the medulla. Now, in regard to emptying the uterus suddenly. I do not suppose anyone of us who has seen a woman in a puerperal convulsion, has gone right to work to empty the uterus, without first making use of homœopathic remedies. I do not wait long for their action, for if they are going to be effective you will soon see it. I have seen cases where medicine was all that was needed, while in

others it was of no avail. In one case, where the patient had had convulsions when a child, convulsions threatened to appear; in fact, before I could prepare the medicine she had an attack. She was a belladonna subject, and I gave this remedy. She was at term, but the expulsive throes were very feeble. Under the use of the medicine the pains became harder, and had more expulsive power, and delivery was soon accomplished. This case was epileptiform in character. Although the twitching of the muscles continued for some time, there was no further convulsion. Eclamptic convulsions do not always come on before delivery; those which I dread the most are those which come on after the womb is empty. I have seen convulsions occur in women who had not had any previous swelling of the limbs. In one case, where I had been in attendance all day, but left for a short time in the evening, the child was born during my absence of two hours. Convulsions occurred after delivery, although there had not been any premonitory symptoms. The physicians called in during the emergency bled the patient freely, but she died next morning. When the cause depends on the presence of the fœtus in utero, the convulsions will continue with greater or less frequency. The longer you delay emptying the uterus, the less favorable will be the chances of recovery. In another case, the patient, while up in the night, fell on the floor unconscious. The convulsions continued, notwithstanding the remedies given, and it was decided to dilate the os and deliver the patient. Not having the necessary instruments with us, it was accomplished by continuous use of the hand. By gradually inserting one finger at a time, it was accomplished in three hours and a half, and the patient delivered of a dead child. Whenever I desisted in my efforts at dilatation, the spasms seemed to increase, and the only apparent return to sensibility was while the dilating process was going on. The convulsions ceased for several hours after delivery, but returned later, and the woman died. Her limbs were much swollen, and she was within a month of term. [T. M. S.]

### THE CLINIQUE.

#### SOME CASES OF SCARLET-FEVER.

*Ammonium carbonicum*.—Kurtz [Arch. XV, 1, 82] says: Ammon. carb., in the treatment of scarlatina, is worthy of es-

pecial consideration. The American physician Peart first recommended its use, but after a fashion which was not calculated to beget much confidence in a homœopathic physician. The matter was permitted to rest until Strahl, of Berlin, published his experience with it. In a large number of cases he administered nothing save a solution of two drachms of ammonium carbonicum in six ounces of water, and he maintains that it is almost a specific.

Schroen [*Hygea* XXI, 65, 66] uses the following language: The remedies commonly used in the treatment of scarlet fever, belladonna, aconite, bryonia, mercurius, rhus, sulphur, etc., utterly failed me. I searched for other agents and ran across ammonium carbon., whose totality of symptoms suggested its probably successful use in scarlatina, as indeed has been recommended by many physicians of the old school. The general head-symptoms, the heart-symptoms, but particularly skin-symptoms 95 and 96, (Hahnemann's *Chronic Diseases*, 2, 92) "red rash on the chest, and the entire upper portion of the body is red, as if covered with scarlet fever eruptions," as well as the general fever-symptoms, point to its usefulness in scarlet fever. My success, as soon as I commenced to use it in rather massive doses, was surprising. All the symptoms passed off in a milder form, the eruption itself did not appear so extensively nor with such severity, the redness was not so livid nor so general, the terrible head-symptoms, in a majority of cases, did not come on at all, and where they threatened or really made their appearance, they were, with very few exceptions, contracted by mercurius, belladonna, helleborus, by the cold compress or cold showerbath, even where indications of effusion already existed.

I gave ammon. carbon. in a solution of twenty to forty grains in two ounces of very sweet sugar-water, as suggested by the age of the child and by the quality of the eruption, and directed to have given of this solution from half a tablespoonful to one spoonful every two hours. Since the ammonium possesses a disagreeable taste, almost like lye, it is necessary to hide its taste, else it is apt to soon sicken the patient.—In the following year, 1843, many children died of scarlet fever, and did so, not infrequently, in spite of the ammonium treatment.

Elb comments as follows (*Allg. hom. Zeitg.*, 31, 230): This

year, ammon. carbon. accomplished nothing, since every epidemic has its characteristics, as is shown in Schroen's description of the epidemic in which ammon. carb. was used with such excellent success, for in the former, Schroen states, the pulse did not reach 130, while in the latter it reached 164, a difference of more than thirty beats per minute. Furthermore, in his epidemic the dark redness and the extent of the eruption became a signal of danger, while in our epidemic it was of no prognostic value. Finally, in Schroen's cases, paralysis of the brain usually occurred after vomiting, and when the eruption was very scanty, while with us it usually comes on without any warning, and could only be recognized from its effects, i. e., the lowering of the temperature of the surface of the body, the retrocession of the exanthem, and the involuntary evacuations. He makes no mention of affections of the lungs. These are probably the chief reasons why the remedy of which he speaks was of no service to us.

The following is from Trinks: According to my observation ammonium carbonicum holds no specific relation to scarlet fever, does not modify or shorten its duration or the stages of its development. It is, however, a valuable remedy in this disease, when, owing to lack of vitality, the rash does not come out nicely, and paralysis of the heart or lungs is indicated by spells of oppression of the chest, asthmatic, short and labored breathing, with frequent, very rapid pulse, or where the skin has assumed a decidedly bluish color, and other symptoms lead us to fear a putrid form of the disease.

*Apium virus.*—Case: Girl, aged nine years, was taken with scarlet fever on December 12th, and was treated with aconite, belladonna, mercurius, rhus, sulphur. She was discharged on the 16th. On December 30th I saw her again; there had been bloating existing for several days.

Symptoms: The countenance was full and puffed up, especially around the eyes, had an anxious expression; the abdomen was badly bloated, and the entire body gave symptoms of anasarca. The heart's action was violent, and could be heard distinctly throughout the entire chest; pulse above 160; breathing extremely labored, wheezing, and rapid; she could not bend the body forward; urine was scanty and high-colored; the skin hot

and dry; she was thirsty, and experienced no pain. She received aconite and arsenicum. In the evening she was no better, there was little change, save a slight amelioration of the thirst and of the external heat. Belladonna was alternated with arsenicum.

In the morning of January 1st she was no better; respiration labored; pulse feeble, very rapid, intermitting; the limbs cold; some moisture of the skin; no increase of urine. She received aconite and helleborus. No change in the evening, except that the pulse was fuller and more regular. R—Digitalis and helleborus in alternation. On the second she was much worse. Countenance and lips livid; breathing painful and exceedingly rapid, pulse could not be counted; cold sweat, face cold. I told the parents that I did not expect her to live through the day. I left Apis 3d, one drop every two hours.

When I saw the patient in the afternoon I was surprised to find her alive, and even somewhat improved. The livid appearance of the countenance had disappeared, the limbs were warm, the breathing was better than it was during my first visit, although still labored and rapid, the pulse fuller and more regular. Since noon she had commenced to pass large quantities of urine, and this was still increasing. She continued to take Apis, one dose every four hours. On the third, I found the patient improved in every respect; she was able to lie down, the first time in four days. During the night she had passed three pints of urine, of dark color, without sediment. From this time on she continued to improve rapidly, the dropsical symptoms growing lighter as she voided larger amounts of urine; all this time she took no remedy save apis, three or four times each day. On the tenth, I dismissed her cured. (Munger, American Proving.)

*Arnica.*—A peculiar state of nervous depression was apt to show itself after the disease proper had run its course. The patient was inclined to sleep, without being able to get to sleep; he had here and there single muscular twitchings, like jerks all over the body, picked with the fingers at the cover or in the air; roused from sleep, he seemed unable to collect himself, and, having been awake for some time, confused dreamy impressions clung to him; the eye lost its brilliancy, became dull, of a dirty color, and is covered as with fine sand; and dry; the eyelids did not

fully close; face and forehead pale, and covered with cold, clammy sweat; roaring in the ears, and deafness; dryness of lips and tongue, the latter especially posteriorly, covered with a dirty white or blackish coating; thirst increased; the pulse gained in frequency and became unsteady and hurried; in such a condition arnica was the only remedy which prevented the threatening apoplexy.—*Trinks.*

*Arsenicum.*—Hartman calls attention to the nervous and septic type of the disease, in which arsenic is indicated. He says that the nervous symptoms show themselves even in the premonitory stage; the angina appears in a diphtheritic and even gangrenous form. After, perhaps, three or four days the eruption of the exanthem makes its appearance reluctantly; the spots are scattered widely apart, are pale, livid, and the interspaces of skin are pallid and dry. Often, there is no eruption at all, and the patient, even in this stage, dies from collapse; sudamina and petecchiæ often show themselves with the rash proper; frequently the entire exanthem consists of broad, dark petecchiæ about the clavicle, thighs, and inner surfaces of the extremities; yet, there are cases where even these spots are absent, and a livid condition of the hands and feet alone is noticed. But if the eruption really appears, the spots grow pale and disappear quickly, especially at the time of remission, and often can only be discovered during the nightly hours of exacerbation. The nervous-fever symptoms grow more marked, the patient lies in a delirious stupor, or in a half-coma, the countenance looks deathly. The tongue becomes dry, smooth or brown, and tongue, teeth, and nasal mucous membrane are covered with a rusty coating.

Grasping at imaginary objects, and death, often occur on the second, third, or fourth day. Hartman here recommends arsenicum in the higher potencies, but warns against too ready alteration or change with other remedies, even if the symptoms change; he advises continued use of arsenic. Nothing but continued aggravation of the general condition after four or six doses of arsenic justify the exhibition of another remedy.

*Belladonna.*—Case: In the year 1824 a very malignant scarlet fever made its appearance. A boy, aged four years, was taken, within twelve hours, with the most intense throat-symptoms; the entire external throat, clear down to the chest, was swelled most



violently and was as hard as a stone; the tongue and the gums were covered with a dry, black crust; the color of the entire body was of a dark blue; the fever was intense, so that the prognosis was decidedly unfavorable. Here belladonna did wonders. As if by magic, it removed all the symptoms of danger, and the entire swelling disappeared without coming to suppuration. The stage of desquamation was passed without trouble. (Altmueller.)

A girl, aged twelve years, puny, thin, cachectic, has had for five days scarlet eruption, with the usual symptoms. For two days the head-symptoms have been severe. Symptoms: In the afternoon an aggravation of all the symptoms takes place, continuing until morning; from then until noon a scarcely perceptible remission. During the night the heat is greatest; last night this was not so marked, but delirium was much more marked. She points with her hand to the various objects she sees; last night she became violent, tried to run away, fancying herself in a strange house and bed, and sang very loud. She gives sensible answers to questions, but at once relapses into her delirium. The temperature of the head is higher than that of the rest of the body. At times she complains of pains around the umbilicus; abdomen soft, not bloated. Since the second day of her sickness she has had daily about eight diarrhœic stools of yellow color and of very offensive odor, and on account of this calls for the vessel. The urine is reddish-brown, and is passed frequently, but in small quantities. During all this time she has taken no food, but has drunk water freely.

℞—Belladonna<sup>o</sup>.—Improvement set in after the second dose, heat, delirium, and redness of the skin growing less and less; the skin peeled off in great patches. (Kaescman.)

*Bryonia*.—When the eruption does not come out freely as it should, bryonia is often the best remedy. (Hering.)

When a status nervosus versatilis is developed, shown by an unusually active state of the brain and senses, marked delirium, great sensitiveness of the senses to external impressions, unusual brilliancy and redness of the eyes with dread of light and appearance of bright sparks from looking steadily, roaring in the ears, great restlessness and constant tumbling-about in bed, light sleep easily disturbed by delirious talking and dreams, violent rush of

blood upward, hard pulse and hurried respiration,—then bryonia was peremptorily indicated. (Trinks.)

*Calcareo carbonica*.—The angina, in which I used *calcareo carb.*, occurred particularly in scrofulous children, were associated with considerable hardness and swelling of tonsils and submaxillary glands, had a somewhat livid color, and showed in the throat and also on the gums little blisters and aphthous boils, the children constantly claiming that they could not swallow. Usually it did not appear until the second stage of the disease, and was associated with violent fever, small and frequent pulse, copious sweat, great anxiety. There was a marked tendency to assume a tedious course, to run into suppuration if it could not be scattered in the first three days, and showed a marked difference from the mercury-angina. The principal point of difference between this form and the belladonna sore throat was the marked external swelling of the cellular tissue surrounding the glands. The remedy was usually given in the 18th or 24th dilution.—(Lorbach.)

Case: Boy, aged three years, scrofulous, but hearty, who had formerly suffered from chronic hydrocephalus.

Symptoms: All day, December 31, dry, burning heat of the entire body. On January 1, after a sleepless night, he complained of pain in the bowels and head, and vomited some; since morning the scarlet rash has made its appearance, and in the course of the day has extended all over the body; the skin is burning hot, copious perspiration, pulse small and weak, cannot be counted; the usually bright child lies still with closed eyes, refuses to answer questions, the face is bloated, thirst violent, drinks often, but little at a time; besides this, every half-hour chattering of the teeth with twitching of the face (caused by worms), followed by delirium; the condition is characterized by great anxiety and shortness of breath.

R—*Calcar. carb.*. During the day no improvement; during the following night little sleep, much restlessness, especially from twelve to one o'clock. In the morning, involuntary evacuations; chattering of the teeth less frequent; child seemed less soporous, but there was more "boring" into the pillow; heat less violent, pulse, in the evening, 152, not so small.

R—*Calcareo*.—January 3: After a sleepless, restless night no

better; chattering of the teeth more violent, boring of the head more marked, anxiety, oppression of chest, rattling of phlegm, and pulse like yesterday. R—Calcareo—During the day, amelioration of the paroxysms and of the restlessness, breathing less labored, a short nap in the afternoon, in the evening no exacerbation of the fever. During the fourth night, less restlessness, the patient sleeping a half-hour at a time; in the morning consciousness, no sopor or delirium, no difficult breathing or rattling of phlegm, rash still out nicely. R—Calcareo.—In the evening: no increase of fever. Pulse 142.—January 5: After a quiet night the child is sitting up in bed, feeling nicely. All danger has passed, the rash is disappearing, pulse 115. Recovery. —(Elb.)

### MEDICAL MEMORANDA.

Dr. W. T. Laird, of Utica, N. Y., has returned to his former home, Watertown, N. Y.

Dr. A. B. Grant, of Lowell, Mich, has been appointed examining surgeon on the Board of Examiners for Pensions for Ionia County.

A new society has been organized in Beaver County, Pa. President: Dr. P. D. Liscomb, of Beaver Falls; Secretary: Dr. John S. Boyd, of New Sheffield.

The Central Ohio Homœopathic Medical Society met at Columbus, Ohio, on Thursday, March 1, 1883. The programme published by the Secretary gives abundant promise of an excellent meeting.

Michigan homœopaths should do all in their power to secure favorable consideration, by the state legislature, of the bill recently introduced to place the State Asylum for the Insane under control of a homœopathic physician. It will also be well to watch closely any medical-practice-bills introduced, to insure homœopaths that representation on the board to which they are justly entitled.

#### SUMMONS:--

AMERICAN INSTITUTE  
—OF—  
HOMŒOPATHY, } SS.

*To the Members of the American Institute of Homœopathy, Greeting:—*You are hereby severally and collectively enjoined to set aside all professional engagements and all manner of business, excuses, and delays whatsoever, and appear *in propria persona*, at the annual assembling of the Institute, to be held at Niagara Falls, N. Y., June 19, 1883, and take part in the transactions, discussions, and business laid out for the rapidly approaching session, or show cause why you should not. Thereof fail not, at the peril of missing a memorable social event and much valuable information which will make your future professional labors joyful and your patients ever grateful.

Given under the hand and seal of the General Secretary, this fifteenth day of January, 1883.

PITTSBURGH, PENN.

# THE MEDICAL COUNSELOR

"*Amlous Plato, amlous Socrates, sed magis amica veritas.*"

H. R. ARNDT, M. D.,

EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges, must be addressed to H. R. Arndt, No. 87 Monroe Street, Grand Rapids, Michigan. Subscriptions, advertisements, etc., must be addressed to "The Medical Counselor," Grand Rapids, Michigan.

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No. 87.

## EDITORIAL.

The editorial in the MEDICAL COUNSELOR, issue of December 1, 1882, has proved remarkably effective in raising a din the like of which was never before known in the usually quiet editorial rooms of this journal. Conscious of the soundness of our position, so far as it relates to the general subject of the editorial, we had concluded to quietly let matters rest as they were, and to leave to the future the task of demonstrating the fact that our vision is normal, and needs no "twisting" or adjusting of glasses.—It has, however, become necessary to revert to the matter, not in order to execute a change of base, but to do a simple act of justice.

In the opening paragraph of the editorial referred-to, the following language was used:

"The COUNSELOR \* \* \* avowed the conviction that the real purpose of this new organization, so far as it concerned the *leaders* of the movement, was, and is, no more and no less than an attempt to produce a schism in the school."★

In other words, we wished to express in unmistakable language our belief that the men who organized the I. H. A. deliberately planned a movement to break-up the school, and that they are directly responsible for the present hostile attitude of the I. H. A. toward the American Institute of Homœopathy. The fact that E. W. Berridge, M. D., M. I. H. A., not only helped organize the I. H. A., but openly expressed the hope that said association would prove the "entering wedge" which should bring about the rupture for which he had long worked, and said Dr. Berridge's *continued* official position in the I. H. A., had its influence not only upon us, but upon all impartial observers.

Of late, we have been placed in possession of certain facts formerly not known to us, and we hasten to modify the language of our former editorial by stating that a number of gentlemen very prominent in the organization of the I. H. A. not only refused to join in the movement if it was understood that the I. H. A. should become the means of producing a schism in the school or in the American Institute of Homeopathy, but made it a condition of their membership that any such movement should be discountenanced and opposed; the present attitude of the I. H. A. is to these gentlemen exceedingly perplexing and annoying, and exists only because their counsels have been disregarded by an easily-influenced and badly-led majority.—We violate no confidence when we state that the gentlemen who refused to entertain the idea of seceding from

the American Institute are: Drs. Lippe, sen.; Wells, Bayard, and Pomeroy.— There may be others who held, and who now hold, a similar position; if so, we shall be happy to add their names to the list.

The above statement gives us the more pleasure since it is made without request by the gentlemen named with but one of whom we have had any correspondence during the last four months.

With this modification we are prepared to reiterate our statements concerning the present drift of the I. H. A.; and we affirm that the records of the association and the feeling now existing within its membership, furnish abundant proof that we are, in the main, quite correct. To the attack made upon us by "International" (see *Homœopathic Physician*, February, 1883, page 57), we make no formal reply, but quote, as bearing directly upon the points raised, from letters received by us from gentlemen who have held membership in the I. H. A. from the day of its organization:

"I must say that your attacks upon the I. H. A. have been characterized by an asperity begotten of a positive dislike of the methods of some of its members; you forget, however, that in rapping their knuckles you also bruise the fingers of others whose methods do not merit it, and who are decidedly in harmony with your own views. \* \* \* In justice to us, you must remember that prominent members of the association have not only utterly disavowed a purpose to encourage or to promote a schism, but they have also openly *denounced* the use of the nosodes and of homœopathic remedies; and more particularly the dogmatism of Swan. The original projectors of the I. H. A. had in view but one purpose, viz: the better propagation and the promulgation of the 'strict inductive methods of Hahnemann.' \* \* \* I fancy, a large proportion of members of the I. H. A. will stay away from future meetings, unless those who have *assumed* its management will make material changes in their policy."

"From all I can learn, the dissatisfaction at the course pursued at the last meeting of the I. H. A. is, among some of its members, very great; so great, indeed, that their withdrawal therefrom is not an improbable occurrence."

"There has crept into the association a certain element of discord; with this element retained in it, unless it be in a wholly quiescent state, I can see for this association nothing but discord and ultimate disruption."

"I have just read your December editorial concerning the I. H. A. \* \* \* Now, if I did not to a large degree sympathize with your assertions and know that some of them are, alas! too true, I would write an immediate rejoinder."

"Unhappily, the originally conceived purpose of the men who inaugurated that unhappy organization, has been, apparently at least, frustrated, and its senseless and useless performances have been the butt and contempt of those very projectors, who, by the way, did not intend nor wish a separation from the Institute, and for which you have given them no credit whatever."

"No doubt the re-election of Dr. Pearson was an ostensibly official and legitimate endorsement of his inaugural address as a whole and as to that one point, although he disclaimed to speak officially on that head; his re-election, on this account, was the greatest misfortune which could befall the association, and he must realize that this is the view taken by a considerable and respectable portion of the membership of the association."

"In re-electing Dr. P., the I. H. A. is placed in a false position; the association is made to endorse a disunionist and nosodist, one who subscribes to all of Swan's tomfoolery."

"It is unjust to consider a 'coward' any man who refuses to join — in his mad purpose. I feel inclined to sever my connection with the association. I had hoped for better things but, for once, I was mistaken. I cannot endorse 'bottle-washing,' or co-operate with men who think "High Potencies" the only essential point in homœopathy, and who administer remedies under the

law *æqualia æqualibus curentur*. THERE MUST BE NO SPLIT. Even though we be but a small minority, let us stick! The further the Institute goes in abandoning the fundamental principles of homœopathy, the sooner will better counsels obtain a hearing.

The above quotations, culled from a dozen letters now before us, show conclusively, both in a direct and in an indirect way, how very probable it is that we were by no means at sea in prophesying for the I. H. A. a stormy future. While they, in connection with other evidence before us, show that many, or several, of the projectors of said association never entertained a desire to secede from the American Institute, it is evident that they were also mistaken in presuming that the vessel in which they were to sail was built of sound timber. Had they not, in the construction of the ship, used considerable rotten timber, i. e., men without judgment and of evil purposes, they would not now, after a voyage of only two seasons, find their vessel in the hands of a captain and of leaders who have turned a merchantman into a pirate, have pulled down the flag of the similars to fly the black flag of isopathy, and are making hot war upon the legitimate projectors and builders of the ship.—Perchance the latter may capture the freebooter, reconstruct the vessel, and make of it something useful. If this cannot be done, there remains still one hope: a blind captain, and one who heeds no counsel, is sure eventually to run the ship into the breakers. Let all wise men "stand from under."

### ANGINA PECTORIS.

BY H. BERNARD, M. D., OF MONS, BELGIUM.

CONCLUDED FROM PAGE 713.

Arseniate of Quinine.—The relation of the observations given below will justify us sufficiently for placing this remedy among those suited for angina pectoris. The case is quoted by Dr. Paye, of Wurzburg:

"C. L., clergyman, fifty-four years of age, small and slight in stature, of a choleric and sanguine temperament, suffered for seven years with a neuralgia which the physicians, previously consulted, had called angina pectoris, and which had been treated with sinapisms, cupping, and cataplasms; also, later, and with some relief, by sulphate of quinine. When a youth, he had small-pox, and was, in consequence, often affected by rheumatic pains and bronchial catarrhs. The continued use of quinine for two years, under the old-school treatment, had only diminished the intensity of the paroxysms, without preventing their return; so the patient came to consult me. At this time the paroxysms occurred every four weeks, were preceded by a sense of uneasi-

1. Bul. de la soc. med. hom. de France, 11-253.

ness and painful gapings, and followed by a violent, shaking chill, which compelled him to go to bed and cover-up very warm. Towards the end of the chill, which lasted ordinarily a half-hour, he felt, on the left side of the head, near the occipital protuberance, a burning sensation which, at first dull, afterwards increased, little by little, extending along the left side of the neck into the shoulder-blade, and from there through the entire left side of the thorax, at times invading the whole chest, causing, through paralysis of the respiratory muscles, an extreme degree of orthopnoea. Oftentimes the pain reached, in the left mammary region, such a degree of intensity that the patient was beside himself and could only describe his pain by saying that he felt as if pulled with red-hot pincers. If, in the beginning of the paroxysm, the left eye filled with tears, he knew that the paroxysm would be less severe than if this symptom were not present. The paroxysm began, ordinarily, in the morning, and lasted all day until midnight. Every movement increased the pains, to which was added a very obstinate retention of urine. If he succeeded, by the continuous application of warm cloths to the breast, in lessening the pain, the vesical spasm was also relieved; but the evacuation of a large quantity of aqueous urine, which was the result of this relaxation, was always accompanied by an attack of fainting, so that he was compelled to have restorative remedies always near him. Even after the complete cessation of the paroxysm, the prostration was so great that he could not leave his bed before the fourth day. During the intervals of the attacks the general condition of the patient was satisfactory enough, except a slight degree of bronchial catarrh, which the chronic, lobular emphysema, present in the patient, does not allow to disappear entirely; but to this he gives very little attention, since it does not prevent him from taking long walks, or preaching for an hour, when the acute paroxysms are not present. The periodicity of the paroxysms, the great prostration which follows, as well as the nature of the pains, and the more or less favorable effects which the quinine had given formerly, led me to give chin. arsenic., the use of which has not allowed any paroxysm to appear for two years, and has checked each time the slightest tendency to reappear."

Jahr, who translates this observation, adds: "It is more than

probable that the use of arsenic, in place of the chin. arsen., would have cured this case in the beginning, so that returns would not have threatened.”

Tabacum.—The paragraph given to this remedy, in connection with the etiology, shows us that it may be utilized in the treatment of angina pectoris. We do not know, however, to speak truly, of any well-defined case of success due to the use of this remedy, recommended especially by Ozanam and Jousset.

Coffea.—The same observation is applicable to this drug.

Opium.—We will simply repeat here, with Jousset, that opium has been praised for angina pectoris.

Arnica.—Different authors have recommended this remedy. Guernsey gives as characteristic: “Warm head, cold body.” W. M. George and J. B. Tuller<sup>1</sup>, give the differential shadings between arnica and cactus: arnica: sensation as if the heart was seized with an iron hand; cactus: sensation of constriction of the heart, as if an iron band prevented its normal movement.” We believe, however, that the efficiency of arnica in cardiac degeneration explains its influence in angina.

Sulphur—This remedy should have been given sooner, perhaps, on account of the importance which we think ought to be given to it. What we have said in regard to our understanding of the chronic diseases is not forgotten by our readers. The following observation by Dr. J. C. Burnett conforms too closely to our views not to analyze it here (loc. cit., Gold, etc., p. 110): “A young married woman was seized in the street with an indescribable anguish, great oppression of the chest, fear of death, and violent palpitations. I do not assert that she had true angina pectoris with degeneration. After several fruitless efforts at a cure, I made a more careful examination of her previous history. While a young girl, my patient had, at the fold of the left arm, an eruption with rhagades. Possessed by a desire to enter society, she removed the eruption by means of a pomade. She soon married and, later, gave birth to a dead-born child. She gave birth afterwards to several scrofulous children. This history led me to give sulphur<sup>20</sup>. Less than twenty-four hours afterwards an eruption appeared at the spot where the former one had been suppressed, and put an end to all the other symptoms.”

1. V. Pathogenesies nouvelles (Bibl. hom., pt. vi.).



We give also some characteristics by Dr. Guernsey: "Swelling and heat of the face; pale stools; cannot bear heat (*nux vom.* and *carbo. veg.*); derangement of the digestive tract; paroxysm accompanied or followed by excessive flatulency; an old rag is taken for a splendid object; everything appears beautiful to the patient; he has delightful dreams, and begins to sing in the midst of his dreams."

*Lactuca virosa*.—"This remedy," says Hartmann, "which I have used to advantage in asthmatic conditions, corresponds chiefly to squeezing, lancinating pains in the left side of the breast, extending to the shoulder-blade, with great oppression of the whole chest."

*Angustura*.—According to the same author, *angustura* seems to be indicated in light attacks of angina characterized by a continual motion (spasms) of the muscles of the chest, which becomes unbearable when the patient goes up stairs. The movement is associated with palpitation of the heart, anguish, cutting thrusts in the sternum and back, or a more severe pain in the region of the heart.

*Thuja*.—This medicine—anti-sycotic par excellence, has not been employed, perhaps, in this disease. It is true, on the other hand, that the history of sycosis is still enveloped in great obscurity. It is a picture in which there is little besides the outlines, except a confusion of colors thrown pell-mell, awaiting the hand of the artist to give it a skillful retouching. *Thuja* possesses evident power in neuralgias, which is an additional reason for considering it when the characteristic symptoms of the attack correspond with those of the remedy.

*Veratrum vir.*—Ruddock mentions this remedy, along with arsenic and *digitalis*, for the general treatment of *angina pectoris*. It is in place here to recall the remarkable characteristic of this drug: the tongue coated with a whitish-brown or yellow coating, with a red streak along the centre.

*Phosphorus*.—M. Chancrel mentions this remedy with *lactuca vir.*, when there is a pressure with lancinating pains in the breast, principally in the left side. Jahr also mentions it. Its influence in angina depends, like *arnica* and *digitalis*, upon its action in the degeneration of the cardiac tissues.

*Spongia*.—Mentioned by Hartmann and Jahr.

Hepar sulph.—This remedy is placed by Jahr in the second rank.

Calcarea carb.—This remedy is mentioned only by Espanet, at least to my knowledge. Now it seems to me that this remedy is called to a great future. Its sphere of action is in the domain of psora and sycosis. How many chronic affections start from one or the other of these diatheses no one can say, for no one has taken the trouble to examine sufficiently this pathogenetic question. And yet, such a problem merits the attention and study of scientific men more than many other themes whose sonorous formulæ do not agree always with the real importance of the facts.

Æsculus hipp.—Hale mentions this remedy for angina pectoris. This will not surprise us when we read the symptoms given below, borrowed from the same author: "Violent periodic, frequent cardiac palpitations, with great anguish; neuralgic pain at the apex of the heart and cardiac portion of the stomach; severe pains in the cardiac region, strong enough to arrest the respiration, lasting for ten minutes; frequent stitches in the region of the heart; painful, burning weight in the same region, lasting for half an hour; pulse 66, soft and regular; functional disorders of the heart, arising from hæmorrhoidal troubles."

Nitrite of Amyl.—We have spoken of this substance and its uses in inhalation in connection with the treatment of the paroxysms. Many authors attribute to it the power, not only of cutting-short the attacks, but, also, of preventing their return. We would refer here to an interesting work of Dr. Em. Van Ermenegen, which appears in the first volume of the *Journal des Sciences Méd. de Louvain*:

Dr. H. C. Wood, after mentioning the value of this remedy in angina pectoris, adds, that in cases of advanced, fatty degeneration or marked dilatation of the heart, its employment would be dangerous on account of its effect upon the cardiac muscles.

"Wood," says Hale, "expresses here the opinion of those who see only its antipathic action and the administration of the remedy in large doses by inhalation. But it can be regarded from another point of view. Nitrite of amyl is homœopathic to this

1. New Remedies, 1, 26.

2. Notably the number for Oct., 1876, pp. 570 et seq.

particular condition of debility mentioned by Wood, and, in small doses, may act promptly as a curative agent”

We add, as an important fact, that nitrite of amyl is praised as being the antidote of chloroform and ether (as also of chloral, according to Dr. Van Ermengen).

Our American colleague, Dr. Nelson, has cited in the *Medical Investigator* (June, 1876), two facts confirmatory of this antidotal virtue. He employs the first decimal dilution in inhalation.

Bromide of potash.—This remedy is mentioned by Hale as one to be consulted in the treatment of angina pectoris. Cardiac neuroses, he says, are often the most rebellious and difficult to treat. The remedies which have a special affinity for the heart, as digitalis and cactus, exercise very little influence in these affections, unless the excitation has its point of departure in the ganglia of the heart itself. The greater part of the cardiac neuroses have their origin in another organ: some irritation or atony of the brain, spinal cord, liver, or organs of generation. They exist by reflex irritation or through weakness of the nerves.

The bromides, when given judiciously, exercise a curative influence over these neuroses dependent upon an irritation of a reflex character, especially when the irritation starts from the uterus, ovaries, brain, or spinal cord. (If the disease is due to weakness of the nerves, phos., zinc., ferr., ign., nux vom., lili-um, etc., are better remedies.) I do not know, beyond this, of symptoms truly characteristic.

Chloral.—“I predict,” says Hale, “that in cardiac neuroses, chloral, given in suitable doses, will prove one of our best remedies, not only as a palliative, but also as a curative remedy. I do not, however, place the same confidence in it as Dr. Swan does. He claims to have obtained cardiac symptoms from the 200th dil., and believes that the 40th will cure the neuroses of the heart. It will be necessary to await the clinical verification of these assertions.

Dioscorea.—According to the author of the *New Remedies*, a physician claims to have cured with this remedy a case of angina pectoris with “acute and cutting pain in the region of the heart arresting movement and respiration.”

Lobelia inflata.—Dr. Scudder, an eclectic physician, recommends this medicine in angina pectoris, when the symptoms are

as follows: "Precordial oppression with weakness of the circulation, small, depressed, soft, feeble pulse, clamminess of the skin, with loss of elasticity."

*Scutellaria lateriflora*.—We mention this remedy on account of the following which Hale gives to it: "The irregular action of the heart is probably due to a disturbance of the cardiac plexus. In the cerebral maladies of infancy this irregularity is often marked. *This remedy may render service in angina pectoris.*"

Valerianate of zinc and viburnum prun. are also referred to by Hale as possibly useful remedies.

*Moschus*.—This remedy is indicated in angina pectoris when there is a threatened collapse due to exhaustion. For example: in consequence of extreme diminution of the excitability of the central nervous system, due to the anæmia of its centres, which happens when there is a want of compensation in the organic diseases of the heart, fatty degeneration of the heart, hæmorrhages<sup>1</sup>.

*Cereus bonplandi*.—This remedy acts as a sedative upon the cardiac ganglia. Its sphere of action includes angina pectoris, nervous palpitations and the dyspnoea which complicates cardiac troubles (*Hom. Times*, 5-79).

*Mercurius*.—This remedy has been the subject of a special article by Dr. Kruger, of Nimes<sup>2</sup>. Hartmann had already noted it as a possibly intercurrent remedy. A remedy so important as mercurius, which is, at least, a quasi-specific for syphilis, cannot but be of service in the enigmatic affection, or, rather, the mysterious syndrome to which has been given the name of angina pectoris. Kruger, whose attention had been called to this point by a personal experiment, has collated the symptoms of the pathogenesis of Hahnemann, so as to demonstrate the homœopathicity of this medicine to angina pectoris. We believe the future will justify his opinion.

We do not pretend to have elucidated the treatment of angina pectoris, at least in closely defining the characteristic indications of the remedies. Still less are we able to say that we have exhausted the list of the remedies which may be useful in this formidable affection.

We will give the other remedies a simple enumeration: Plum-

1. S. L., *Hah. Month.*, Vol. XII., p. 290 (also *Hom. Times*, Dec., 1880).

2. *Des rapports de mercure avec l'angine de poitrine*. *Bibl. hom.*, 12-63.

bum, asafoetida, gelsemium, liliun, kalmia, ignatia, lachesis, solanum nig., sepia, benzoic ac., coccus cacti, and causticum.

The difficulty of finding the characteristic of each medicine brings us very naturally to the practice of alternation.

In the experience of the homœopaths, alternating has always been practiced more or less openly, but always with a sort of timidity. The words—inter-current, addition, remedies capable of developing masked symptoms or arousing the torpor of the organism—all carry a tacit consent to the utility of alternation. It is true that one of the fundamental principles enunciated by Hahnemann relates essentially to the single remedy, and it is this which explains the hesitation and reserve adopted by homœopaths, when they are led to alternate. We understand the sentiment which inspires these periphrases, but in practice we cannot agree with them. When, in a benign chronic affection, which does not threaten the life of the patient and leaves all the time necessary for the physician, he applies himself to search carefully for the remedy truly homœopathic, and thus realizes the ideal of our art, we understand it, we approve it, we admire it. But when the life of the father of a family seems in imminent peril, as in angina pectoris, and where two or three medicines seem to dispute the preference, without the homœopathicity of any being evident and complete, we are free to admit that, under these circumstances, we alternate the medicines which seem to us to be the most applicable. We have already said, that the practical instinct of duty, stronger than a preconceived theory, has led them to adopt alternation. They alternate very often nux vom. and arsen., spig. and digitalis, thuja and coccus cacti., etc.

In connection with the alternation of nux vom. and arsen., we are under obligation to Dr. Criquelion, of Oth, for the following unpublished observation:

X., aged fifty-five years, of a robust constitution, sanguine temperament, height above the medium. He is not of a hæmorrhoidal or gouty diathesis. The third attack of angina pectoris, in which I saw him, occurred while he was engaged in hunting; the pains were excessive in severity. When I reached him, he still complained of intense, cramp-like, tearing pains, which threatened, in his opinion, to kill him. The countenance was shriveled, anxious-looking, and expressive of suffering; respira

tion difficult; pulse small and intermittent. This condition lasted for two days. The patient took nux vom.<sup>30</sup> and arsen.<sup>30</sup> in alternation for seven days. It is now two years, and he has not had any renewal of the attack.

The question of alternation presses more and more upon the attention of the homœopathic practitioners. The International Homœopathic Convention of London devoted serious attention to this subject in connection with a paper presented to it upon this subject<sup>1</sup>.

Dr. Martiny has studied for some time the question of alternation, and has practiced it extensively. We have it from himself direct, that he is happy in having adopted this practice<sup>2</sup>.

Among the essays on the systemization of the homœopathic treatment of angina pectoris, which we find at the same time ingenious, bold, and practical, is the one by Dr. Kafka<sup>3</sup>. The author bases his allegations upon numerous clinical observations which have appeared in the *Allgem. Hom. Zeitung*. We regret that the limits of this paper will not permit of their reproduction.

The future will decide.

[We would refer our readers to the following articles relating to the forms and therapeutics of angina pectoris: *N. A. Journal of Hom.*, 23-103, 29-336; *U. S. Med. Invest.*, 1-361, 2-353, 5-175, 278; *Hah. Month.*, 13-326; *Amer. Jour. of Med. Sciences*, 81-286.—T. M. S.]

## CASES FROM PRACTICE.

BY F. E. CALDWELL, M. D., BERGEN, N. Y.

Case 1.—Gentleman, seventy-eight years of age. Chronic rheumatism of the right knee-joint has troubled him for five or six years. Knee very much swollen and stiff, extremely painful on motion. Was compelled to use crutches in order to get about; very painful on first retiring at night, keeping him awake; better during the day when perfectly quiet.

℞—Bryonia<sup>30</sup>, one dose every three hours. At the end of the

1. *De l'Alternance des Médicaments*, par les Drs. Martiny and Bernard.
2. *Revue Hom. Belge.*, Sept., 1882. Clinical cases in support of alternation in cases of angina pectoris.
3. *Hom. Times*, Vol. VIII.-81.

first week he walked without crutches; at the end of the second the swelling was greatly reduced; pain all gone, walks with ease. —It is now four months, and with the exception of a little swelling and stiffness, he feels perfectly well.

Case 2.—Lady, forty-eight years old, passing through the change of life; has long been under treatment without relief. Symptoms: Very low-spirited, almost distracted at times; complains of flushes of heat, coming on at almost any time during day or night, and usually when she least expects it. Appetite variable; region of stomach very sensitive to pressure; she is compelled to wear her clothing very loose. Bowels normal; urine at times clear and very profuse, then cloudy, with sticky sediment. She menstruated last over six months ago; normal. Sleep at times restless.

R—Sepia.<sup>30</sup> in water, one teaspoonful every three hours; has greatly relieved my patient in every way.

### FIVE CASES OF PLACENTA PRÆVIA.

[Read before the Boston Homœopathic Medical Society.]

BY WALTER WESSELHOEFT, M. D., BOSTON, MASS.

The following five cases are those which have come under my own personal knowledge in twenty years of obstetrical practice. They present no points of special importance, apart from the great interest attaching to all such cases, but I believe them to be typical of the various forms under which placenta prævia is liable to occur.

Case 1.—Mrs. R. M., aged forty-two years; mother of six children; free from uterine disease, but of a delicate, sensitive, nervous organization. The pregnancy in question showed no noteworthy deviation from any previous one, except increased prostration, languor, pallor, and feeble or capricious appetite. First hæmorrhage occurred at about the seventh month, waking the patient out of sleep at night, and ceasing spontaneously after two or three copious gushes. After that, at intervals of about three weeks, there were hæmorrhages varying in quantity, but never to an alarming degree. Towards the end of the ninth month, about ten days before confinement was looked for, sudden and violent hæmorrhage came on early in the forenoon, pre-

ceded, as the previous attacks had been, by bearing-down sensations and fulness, like the sensations attending menstruation. The gushes were so rapid and profuse that at the end of three quarters of an hour, when I reached the patient, she was already pale, almost pulseless, with cold extremities, vomiting, great nervous excitement, and severe frontal headache. Internal examination. The finger passed through masses of coagula, which filled vagina and cervix, through the internal os, which was dilated sufficiently to admit the first joint, but no more. The edges were firm, not yielding or dilatable as is generally said to be the case under these circumstances. The tip of the finger came at once against the unmistakable substance of the placenta, which was felt to be firmly adherent in all directions. The adhesion was tough, fibrous, and not easily broken over. The presentation could not be made out. As dilatation and turning were not practicable, either on account of the general condition of the patient or that of the os, I immediately punctured the membrane by means of the stilet of a catheter, the hæmorrhage still continuing freely during the manipulations, which were somewhat retarded in consequence of the great toughness of the placenta itself as well as the membranes. As soon as the liquor amnii had escaped, I plugged the vagina, according to the method in use in those days, with two large silk handkerchiefs; whereupon the hæmorrhage ceased. Stimulants caused vomiting, but milk and gruel and plenty of cold water were borne well. The patient gradually came out of the state of collapse, pains slowly set in, and at the end of three hours labor was well under way. In further three hours the child was born without artificial aid. The placenta followed spontaneously at the end of half an hour more. The child was still-born. The mother recovered slowly but satisfactorily.

Case 2.—M. S. W., aged twenty-four years, mother of one child; always regular in menstruation; no uterine affection, and otherwise healthy, with the exception of severe attacks of asthma, which continued throughout pregnancy, increasing in force towards the end. Was seized at full term with slight hæmorrhage, amounting at first to no more than the copious flow not unfrequently seen in primiparæ at the beginning of labor. With increasing pains, which set in before the discharge, this latter in-



creased, until at the end of an hour it came in frequent and copious gushes, both during the pains and the pauses. Vagina and cervix filled with firm clots; os undilated at first, but at the end of an hour and a half as large as a quarter of a dollar. The placenta could be distinctly felt, and its margin made out overlapping the right margin of the os. The membranes were punctured, the water escaping rapidly, all pains ceasing, though up to this time they had been rapid and strong. As the hæmorrhage continued, the vagina was plugged with pledgets of cotton, well packed into the fornix and around the os. The bleeding was lessened by the plugging, but not wholly checked. At the end of half an hour the pains again set in, expelling a living child, in head presentation, at the end of two hours. After half an hour, during which the uterus was encouraged to contract, the placenta was expelled by expression.

During the progress of this case, the pulse never became alarmingly feeble or rapid, though the effects of the loss of blood were apparent in the faintness at the præcordia, the vertigo, severe headache, and restlessness. All these symptoms ceased after the plugging and marked lessening of the flowing. Persistent dribbling of blood set in after the expulsion of the after-birth, with renewed symptoms of acute anæmia. By steadily compressing the uterus from above, and counter-pressure with two fingers in the vagina, all undue hæmorrhage ceased at the end of an hour. From that time forward both mother and child did well.

Case 3.—Prague, Aug. 3, 1871, with Dr. E——. Elderly woman, mother of several children; squallid, ill-nourished; in a small, filthy room, intensely hot and stifling. Had had pains and flooding an hour or more before our arrival. Bed and floor drenched with blood. The only attendant a half-idiotic girl. The pulse was hard to be felt; extremities cold; cold sweat, constant fainting; neither patient nor attendant can give any account of what had gone before. The os dilates to size of silver dollar; placenta distinctly felt adherent throughout circumference of os. Adhesion here also seemed tough and leathery. Plugging was attempted by pledgets of lint, while alcohol, and afterwards ether, were injected subcutaneously. The pulse rallying a little, Dr. E. determined, against my judgment, to deliv-

er, as the presentation by external examination could be made out to be by the breach. The breaking-away of the placenta from its attachment so greatly increased the hæmorrhage that before the child could be wholly extracted the patient was dead. The child's head was delivered with great difficulty. Still-born.

Case 4.—Mrs. E., aged thirty-four years, pale, sallow, dyspeptic. Mother of one child, many miscarriages, probably wilful; was nearly six months pregnant; copious and increasing hæmorrhage for three days, but has been up and about, as she thought she was going to miscarry, and wanted to hasten matters by moving about. Cervix long, thick, firm; internal os but slightly dilated. Finger reached nothing but clots. Pains moderately strong, but at long intervals. Plugged firmly with cotton pledges at night. Next morning, on removal of plug, found os dilating; placenta felt covering os, firmly adherent. Os firm, hard, dry, thick. As bleeding is slight, plug is not renewed. Great restlessness, headache, excitement; anxious, haggard expression. Pulse 110, temperature 101.3 °. Cool applications to abdomen. Arnica. In the afternoon renewed hæmorrhage. Plugged by Barnes' dilators, which, however, could not be made to remain in the cervix. The pressure, however, checked the flowing and excited pains. After six hours the fœtus was expelled. The placenta refusing to follow by expression, the attempt was made to detach it. Only the larger half was brought away, however. As no hæmorrhage followed, and the woman was greatly exhausted, it was thought better to leave the remainder to loosen and come away by itself. The patient had a moderately good getting-up, no new hæmorrhages setting in. At the end of the fourth day, the remains of the placenta were removed with ease. Febrile disturbance and inflammatory symptoms were slight. The long-continued loss of blood before delivery sufficiently accounted for the subsequent debility.

Case 5.—Alice —, primipara; aged twenty-two years; barely recovered from exophthalmic goitre of three years' standing. During pregnancy the thyroid again enlarged, the bulbi protruded, and great debility ensued. No history of uterine disease, except menorrhagia and dysmenorrhœa. Conceived speedily after marriage; passed through pregnancy with much suffering from prostration, vertigo, fainting fits, and excessive morning

sickness throughout. Was seized with flowing about a fortnight before confinement was looked for, but flow subsided spontaneously before aid could reach her. Remained well and in bed for another week, though greatly affected by the loss of blood, which was not in itself excessive. As both quickening and foetal pulsations were growing daily more feeble, it was proposed to hasten delivery. Before measures could be taken, however, to bring on labor, hæmorrhage set in with such suddenness and violence that the patient expired before any aid could be rendered. The os was so little dilated that it would hardly admit the smallest size of Barn's dilators. The membranes were ruptured, but before the waters escaped the pulse had stopped. No post-mortem was permitted, and all the physicians, who had been summoned in haste, agreed that it was useless to deliver the child, since all signs of life were extinct. In this case the actual loss of blood was by no means as great as any of the preceding ones. The disease of the vascular system and the pre-existing state of debility make it probable that the patient would not have survived her confinement, even if it had been normal.

So far as any inferences regarding treatment are concerned, these cases, taken by themselves, are too few to warrant any conclusions; but taken in conjunction with such other well-reported cases as I have been able to find in the literature at my disposal, they are not without value. Until I have wider experience, however, I shall continue to hold to teach that the cases in which dilatation and turning are possible and safe are much less common than those in which the so-called expectative course, *i. e.*, rupturing the membranes and plugging, is indicated. In none of these cases have I found that soft and yielding os, which is said to be almost invariably present. Without attempting to lay down for myself any hard and fast rule, which can never be done for any large class of cases, I think it safe to say:—

First, that in all cases in which the os is but slightly dilated, whether soft or hard, the hæmorrhage great, and the effects of the loss of blood marked, the safest course is to rupture the membranes, and plug effectually. These will be found by far the most common cases. Second, in those cases in which the os is actually dilated, or so dilatable as to readily admit the hand without undue stretching or bruising, in which the hæmorrhage,

in spite of the dilatation, persists, and the woman is still possessed of sufficient strength to bear the shock of the operation, turning is safe and advisable. These cases will be found comparatively rare. The reasons why I would limit this procedure to the cases most favorable for it are, that the great vulnerability of the os and inferior segment, in consequence of the great vascularity and alteration of its structure from the insertion here of the placenta, predisposes, more than under normal conditions, to traumatic inflammation, to rupture of the circular artery of the cervix, or to paralysis of the muscular fibre at the site of placental attachment. From these conditions follow the numerous cases of death from septicæmia, and postpartum hæmorrhage, which swell the death-rate of the cases of placenta prævia reported. In some three hundred cases which I have analyzed, with eighty-four deaths, no less than thirty-three deaths were due to placenta prævia hæmorrhage and various forms of destructive uterine and pelvic inflammation. My preference for the more conservative course is based upon the fact that since Barnes, in London, and Thomas, in this country, began to teach this method, the death-rate has undergone a marked change for the better. Barnes mentions a series of twenty-nine successive cases without a single death; and in sixty-nine cases in which various methods were used, his death-rate is but nine per cent. against four per cent., according to the less conservative method. It is due to Dr. Guernsey, of Philadelphia, to say that he taught the method of rupturing the membranes, which, by the way, is as old as any, before either Barnes or Thomas, and while the entire profession was following the harsh, irrational, and destructive teachings of Simpson, of Edinboro'. Dr. Guernsey's essays I have not been able to find; but I believe them to be very favorable. In seventy-four cases reported by Spiegelberg and Fraukel, the death-rate is sixteen per cent., in all cases comparing favorably with the other statistics. Here, too, it is evident that the increased saving of life is owing to the less frequent resort to rapid dilatation and turning. While in these cases the immediate result was uncommonly favorable, viz., five and a half per cent. of all mothers, and twenty-two per cent. of all children alive directly after delivery, the actual results gathered at the end of the cases, as above, was sixteen per cent. of women and about thirty-five

of children; though I believe this latter far too favorable a showing. Of upwards of one hundred cases reported in a paper read before the Institute of Homœopathy in its session of 1880, the death-rate, as I judge, is about eleven per cent.; but as the cases are so badly reported, being neither tabulated, analyzed, nor classified with regard to treatment and its results, as so large a mass of valuable material should have been, they are of no practical value. It is to be regretted that the writer of the paper should have been led into recommending the most pernicious of all the methods of treatment, that which consists in tearing through the placenta and membranes, and extracting the child through the opening thus made. Losing time, too, with all manner of dilators, such as are recommended in this paper, is, to my mind, bad practice.—From the *New England Med. Gazette*, March, 1883.

### FOLLICULAR PHARYNGITIS.

BY J. D. STONEROD, M. D., MEADVILLE, PA.

This variety of pharyngitis has not received at the hands of authors the attention which its importance demands. It is by no means a trifling or uncommon disease. In fact, we know of no one disease that prevails so universally in this climate, and through all the seasons, as follicular disease of the pharynx, larynx, and naso-pharyngeal space. The two latter are pathologically identical with the former, differing only in locality, and, sometimes, accidentally complicated with diseases of adjacent texture.

On account of the dearth of practical information on this particular subject, in either text-books or journals, we will venture beyond the usual limit of a journal-communication, and refresh ourselves on the general and pathological anatomy of the mucous membrane of the pharynx, as it and the follicles are the tissues involved in this disease.

In some parts the secreting surface of the mucous membrane is what we might call plain, and is the simplest form of secreting apparatus, except synovial, having small glands belonging to itself imbedded in the epithelium. In other cases, where nature seemingly has not provided space enough for secreting purposes,

she has devised a plan of raising or projecting externally from the basement mucous surface a fold or papilla; in other cases the same object is attained by retiring inwardly in the form of a recess, or folliculi. The latter sometimes are slightly raised, and always present an orifice leading to a blind or shut-up cavity. These folliculi take on different shapes, anatomically, but a consideration of this feature is at present foreign to our subject.

Whether these papillæ or follicles are for the express purpose of gaining more secreting surface for mucous secretion alone; or whether they are placed there as emunctories for other than mucous glandular secretion, is a question not definitely ascertained. Nor is it certain that the general mucous surface and the mucous surface of the papillæ, and especially of the folliculi, are one and the same. So far as our anatomical reading serves us, anatomists only *infer* that the mucous membrane of the folliculi, in particular, is a continuation of the general mucous surface, and make no definite assertion on this point. From our own observation in disease, we are led to believe they are different, from the fact that the secretions from diseased follicles, in appearance and composition, are different from those of a diseased mucous membrane. And from this pathological fact *we infer* that the secreting surface of the folliculi is not a continuation of the basement mucous membrane, and that the folliculi are a special structure for a special purpose other than to secrete mucus. And this arrangement appears to hold good to the whole gastro-pulmonary division of the mucous membrane.

These recesses, sacks, or folliculi, are the seat of the disease under consideration. Sometimes the disease appears to be located externally, as in the hypertrophic or granular form, involving the general basement mucous membrane on account of continuity of structure; at other times the internal portion or part of the folliculi, as in the exudative form.

The early stages of this disease the physician seldom sees. It is rarely the patients pay any attention to it until it has advanced sufficiently far to give them considerable annoyance. The history of its origin is as varied as are the patients. But usually, the majority agree that they noticed, after an exposure to extreme cold, something was wrong "in their head"—as they express it—and throat, and that they did not experience any pain,

or even much soreness, but had a tickling cough and an excessive hawking to clear the throat, sometimes accompanied with a sensation of stiffness in and about the fauces.

In practice we find two forms of this disease, technically, pharyngitis sicca and pharyngitis exudens. In both forms the folliculi are the seat of the disease, but differ greatly in their objective and subjective symptoms, and also in their pathology.

Patients affected with granular pharyngitis, the dry form, do not, in the early stages, experience any uneasiness except dryness of the throat and, consequently, a stiffness accompanied with a tickling cough with excessive hawking. Among singers and public speakers one of the earliest symptoms of this form is the loss of control over the voice, and this symptom is more marked in the dry form than in the exudative. The pharynx, which is the sounding board of nature's vocal instrument, becomes muffled and no longer gives out a natural tone. The majority of cases of what is styled clergyman's sore throat is of this form of follicular pharyngitis.

By inspection it will be seen that the general aspect of the pharynx is dotted over with granulations varying in size. In the earlier stages these granulations are red, raised, and pointed, and widely separated, whilst the general appearance of the pharyngeal space is dry, and sometimes has a glistening aspect. As the disease advances, the granulations increase and in a manner coalesce in clusters, leaving a depressed interspace between them. As the granulations increase, the natural secretion of the pharynx is perverted on the side of deficiency, and a dry, parched, and red pharynx is the consequence. A hawking, hacking cough ensues, and many patients believe themselves on the verge of tubercular consumption. There is a great tendency in this form of the disease to invade the whole pharyngeal track, from the superior space, or vault, to the laryngo-pharyngeal space. Instances are on record of its involving the œsophagus and epiglottis, and the patients had to live for a time on liquid food. How far down the respiratory track this disease may travel, we are unable to say. The morbid anatomy of follicular disease of the respiratory track is very scant in the medical literature of all pathies. The morbid and pathological anatomy of the follicles of the whole alimentary canal has had its full share of attention, as well as the

urinary division of the mucous membrane; and why the respiratory division has been neglected, we are not able to answer, unless it is on account of the few deaths from follicular disease itself of the respiratory track. When death does take place from other diseases, the pharyngeal trouble is lost sight of, and should there be a post mortem, it will be in the interest of the immediate cause of death. Thus the morbid anatomy has not been studied enough to enable us to determine exactly the extent and appearance in the lower respiratory division. But we have had sufficient evidence to justify the statement that follicular pharyngitis may propagate itself upon the laryngeal, thence to the bronchial, division; and the local disturbance there has in some instances aroused the latent tuberculous cachexia, which, but for the appearance of the throat difficulty, might not, or would not, have been aroused into activity.

The pathology of the two forms of follicular pharyngitis has not been sufficiently studied to determine the exact relation between them; however, the granular form is better understood than the exudative. "Whether the exudative form is the result of degenerative changes in the glandula, previously hypertrophied, or whether the exudation is the product of a simple morbid secretion, is at present unknown."—MacKenzie.

Thus it will be seen from this high authority that the morbid alterations, their difference, nature and extent have not as yet been sufficiently elucidated. Our own experience shows that they require a totally different line of treatment, and, reasoning retrospectively, we conclude—if we had no other means of knowing—that they are totally different in their pathology. From close observation of the objective changes in this disease we are led to believe that the seat of the disease in the granular form is in the tissue proper of the glands themselves, and by continuity of parts involves the glands of the basement mucous membrane. Hence a diminution of the proper secretion from altered functions, which is characteristic of the disease.

In the exudative form, the mucous membrane (we retain this term for want of a better, but do not believe the lining membrane of the folliculi is the same as the basement mucous membrane) of the folliculi is the seat of disease which secretes after the manner of other diseased mucous membranes.



In the exudative form the primary symptoms are similar to the granular, *i. e.*, dry, red, and glistening appearance of mucous membrane, close inspection showing fine red spots which occupy the orifices of the folliculi, while the intervening spaces are slightly raised. As the disease advances, a viscid secretion is seen issuing from the orifices of the folliculi, which finally fills up the intervening space between them.

In some cases this coating of the general mucous membrane becomes thick and grayish in color; in others it is less viscid, of a whitish cast, and resembles the secretions from the bronchial tubes. In extreme cases the secretions take on a muco-purulent character, filling up the intervening spaces, and sometimes covering the granulations themselves, presenting an appearance which might at first sight be taken for diphtheritic exudation. This state of affairs may extend to, and involve, the larynx, the vault of the pharynx, and implicate the post nasal space. It may also extend to the superior border of the soft palate and adjacent parts, involving even the tonsils. When the latter takes place, there is a general relaxation of the whole pharyngeal structure. The uvula becomes elongated and hypertrophied, resting on the base of the tongue, and giving great annoyance to the patient.

Neither the primary nor the immediate cause of follicular pharyngitis is yet fully determined. The preponderance of evidence in the primary is on the side of a particular diathesis. Our own experience is that ninety-five per cent of cases which present themselves for treatment attribute the immediate cause of their trouble to an exposure to cold. We imagine, however, that the cold was only the "match" applied to a combustible diathesis, which was lying dormant, and believe the disease cannot be removed without diathetic or constitutional treatment. It is also found in nearly every form of temperament or physical make-up, quite as often in the person of strong muscular development as in the puny and weak. This constitutional tendency is also aroused by irritating applications to the already weakened mucous membrane, and is quite often brought to the surface by attacks of scarlet fever, rubeola, small-pox, or other exanthemata. It is held by some high in authority, that public speakers, singers, auctioneers, and all others who use their voice, are specially

subject to this disease. We will admit they are subject to laryngitis, and, may be, pharyngitis simplex by continuity, but never follicular pharyngitis. The excessive use of the voice may arouse the latent cachexia in the larynx, and induce follicular laryngitis, but never *follicular pharyngitis* except by continuity of parts; and even this is doubtful.

The medical literature on the follicular forms of pharyngitis is very meagre and, owing to the marked differences in directions given concerning the treatment, decidedly unsatisfactory. Authors who consider the disease purely local, confine themselves to local treatment; those who believe it the expression of a diathesis, are apt to advocate purely constitutional remedies; others again do not distinguish between the two forms, but teach that the various symptoms observed are merely the different stages of one and the same disease.—The shortest road to success in the treatment of follicular pharyngitis lies undoubtedly somewhere between these extremes, and depends upon careful differentiation of the two forms of this disease.

In the hypertrophic, or granular, form, local treatment will be found an important factor when the morbid changes appear to affect the epithelium as well as the follicles; but in the exudative form it is entirely useless except when it is applied by means of atomized inhalations for the purpose of absorption by the general system. Only those who have had experience in administering constitutional remedies through the respiratory mucous membrane by means of inhalation of atomized fluids, can appreciate to what extent we can affect the whole system through the absorbents of the mucous membrane of the respiratory apparatus. Absorption is much more certain and rapid through the respiratory division of the mucous membrane than through the alimentary division, and much less medicament will produce its specific effect. In the treatment of the disease in question we make use of atomized inhalations both for local and constitutional effect. In no chronic disease to which the animal economy is subject, is there so nice a field for the study of symptomatology, and for the exact application of the fundamental principle of homœopathy, as in follicular disease of the pharynx and its complications with contiguous parts. It is because of the want of this princi-

ple that the members of the dominant school have failed, and do yet fail, to treat this ailment successfully.

For convenience of study we divide our remedies into two classes. The first will be called for in non-complicated cases; the second in complicated cases with accidental symptoms.

First class—*Caladium seguinum*; *gelsemium*; *graphitis*; *jodum*; *mercurius viv.*; *mercurius protoiod.*; *natrum mur.*; *sepia*.

Second class—*Arsenic*; *bryonia*; *apis*; *argentum nit.*; *cannabis sat.*; *ipecacuanha*; *kali bichr.*; *phosphoric acid*; *natrum carbonicum*.

In addition to the administration of the above remedies, we prescribe local treatment for the double purpose of gaining the local effect and also constitutional action by absorption. Any remedy which is soluble in water can be administered by means of an atomizing instrument. Potent remedies should not be given in this manner unless the prescriber is thoroughly posted. The absorption is so rapid and effectual throughout the respiratory mucous membrane, that serious consequences may follow. To illustrate: Should the patient receive the equivalent of one-eighth grain of morphia, it would affect him more, and in less time, than four-eighths administered in the usual way.

In the local treatment of this and all kindred diseases, the same care and good judgment must be manifested in the selection of remedies to meet the symptoms, which would be used in prescribing in the usual way.

Follicular pharyngitis is naturally chronic, if we may be permitted to use that term. We have never seen an acute case. It is a very hard ailment to treat, almost so much so as follicular disease of the naso-pharyngeal space. Time is an important factor in our prognosis. With time and patience, both on the part of the patient and physician, and a correct application of the law of *similars*, we may expect a cure of seventy-five per cent., and a decided amelioration of the rest.—This a good per-centage, for the dominant school cannot cure five per cent. of the cases.

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## STATE MEDICAL SOCIETY OF NEW YORK.

This society held one of its largest annual sessions in Albany, February 7 and 8, with President Harvey Jewett in the chair, who addressed the meeting substantially as follows:

He referred to the enthusiasm and rapid advances in every department of literature and science, which characterized the present age, and spoke of the possibilities of future achievements in the art and science of medicine. The steady progress of the last half century was referred to as a proof of an amazing advance. The failure of legislative enactments to abate quackery was spoken of, and the statement made that whatever is done must be done through individual organizations. The profession was competent, through its representatives in the state and county societies, to establish what shall be the standard of attainment of those who are to be received into the ranks. The speaker said that a more complete and thorough preliminary education of the young men who desire to enter upon the study of medicine was the first step necessary in advancing the cause of medical science. A much higher standard of medical qualifications before the granting of a diploma is universally conceded and acted upon by the leading medical colleges in the country. These requirements, if carried out, will, in the future, tend to bring about the desired result. Reference was made to the graded courses of the various colleges and to the work of the State Board of Examiners. The matter of separate hospitals for contagious diseases in large cities, and the adulteration of food and drugs, was also referred to at length. The work of the State and National Boards of Health was commended, but it was stated that the work of the National Board was practically suspended by the remarkable disregard of the public health on the part of congress, in withholding supplies to carry on their labors. The subject was presented to the society as one worthy of their active consideration. The speaker then took up the matter of the new code of ethics, to which he devoted considerable attention. He said that the new code had not been received by the profession or medical press, in this and other states, with cordiality or favor, but, on the contrary, with the most outspoken and emphatic opposition, and a year's consideration had greatly magnified the

views of the profession in reference to the measure. The objectionable part of the new code consisted in allowing consultation with any legally qualified practitioner of medicine, as not derogatory to the interest and dignity of the profession, or, in cases of emergency, where such aid is required upon the broad ground of common humanity. The advocates of the code hold this is only permissive and not obligatory, and the society should at this meeting consider the subject on its merits, and act as they may deem most conducive to the welfare, dignity, and interests of the medical profession of the state.

On motion of Dr. E. R. Squibb, the society then resolved itself into committee of the whole on the resolutions presented by him at the morning session, and which were the special order for the evening. Dr. Hutchins, of Brooklyn, who handled the gavel as if he had enjoyed prior experience with it, was called to the chair.

The resolutions offered by Dr. Squibb were as follows:

*Resolved*, That all the action taken at the annual meeting in 1881, in regard to changing the code of ethics, be repealed, leaving the code to stand as it was before such action was taken.

*Resolved*, That a new special committee of five be nominated by the nominating committee of the society, and be appointed by the society to review the code of ethics, and to report at the annual meeting of 1884 any change of the code that may be deemed advisable.

*Resolved*, That the report of the committee be discussed at the meeting of 1884, and be then laid over for final action at the meeting of 1885.

Dr. Squibb said that in assuming the responsibility of offering them he felt justified by the law. He said the act incorporating the state society, the first section of which, he contended, legislated county medical societies into existence, whose delegates composed the state organization. Under this authority both the primary and secondary organizations were established, and the primary organization became the supreme authority for the regulation of both the county and state government. When there was need of change, there was but one way to effect it. It must originate in a representative body and be submitted to the primary organization for consideration before being finally acted upon.

That is what these resolutions contemplate. In 1881 a committee of five was appointed, which in 1882 reported a substitute for the proposed changes, which contained a fundamental principle. This substitute was adopted, thus revolutionizing the principle, without notice to, or consideration of, the primary organization. Where it is necessary in some respects, it is revolutionary in others, and subversive of principle. We have no power under the law to make constitutional amendments, and if we have no power such amendments should be reversed. If this argument was not sufficient, forty out of the sixty counties had condemned the action of the state society in adopting the new code of ethics, and in the remaining counties no action had been taken. In offering the resolutions the mover only advocated the first. A year or two hence action may become necessary, and after first being submitted to the American Medical Association, the needed reforms may be effected.

Dr. Roosa next obtained the floor, and made a stirring argument in favor of allowing the new code of ethics to stand. He said the argument of the distinguished gentleman (Dr. Squibb), who had for the past year inundated the state with printed arguments against the action of the society, merited from those who cannot agree with his conclusions most respectful consideration. We regret we cannot stand with him, and we regret to see him devoting his great abilities to matters of the seventeenth century. The argument he presents, if led to its logical conclusion, would disintegrate the state society and blow it to the winds.

The notion that these county societies may come here and assert the right to secession was decidedly wrong, and the state society has the inherent right to call any subordinate society who may revolt from the by-laws. Many of the members are entirely at variance with the society, and it was not right that the great New York County Society should have no more voice or influence in the councils of the State Society than the little society of Allegheny county. The action in adopting the new code was not taken in any packed convention of specialists. It was taken by a convention only equaled by that of to-night. There had been no unfair advantage of any kind, notwithstanding the assertions to the contrary. It was said we have a union with the American Medical Association which compels us to obtain the consent of

that association before we make any changes in our code. Let me state distinctly, we recognize no allegiance to the American Medical Association except fraternal regard. It is not an incorporated body, and in all its history has taken no such position in the world as we have taken. If there had been any relation existing between us, we would simply have nothing to do but separate. "Revolutionary" is the adjective used in speaking of our action. It may be added that it was through revolutions that great reforms and great objects were attained. The New York and Kings County societies had left their delegates unfettered in their action, and they were almost united in upholding the action of the state society in 1882. The advancement of the profession would be promoted by resistance to the resolutions which are offered for the consideration of the society to-night. It was not on the New York society that any charge of revolution could lie. It has been said by all hands that if we consult with other physicians than those of our own school, we renounce our ties to the parent society. We contend that permission to consult with others should be freely allowed. We believe in the God-given right to give our advice to any who may seek it. [Prolonged applause.] Those societies whose delegates have not been instructed are loyal to the interests of the profession. This was not a question of drugs and medicines, but one of ethics, and half the people of the country were laughing at those who still advocated the antiquated notions of half a century ago. In conclusion, he believed this trades-union sort of system should be dispensed with, and the state society be progressive and liberal in its ideas.

Dr. Piffard upset Dr. Squibb's legal deduction that whatever the state society did was subject to revision by the county societies, by quoting from a law passed in 1866, which vested in the state society power to control and supervise the by-laws of the county societies. The county societies, under this law, were amenable to the state society, and not the state society to them. The law had made the state society superior. The code of ethics was not a part of the constitution; it was simply a by-law upon which we could act, and which action must be accepted by the county societies.

Dr. C. R. Agnew made a long address in which he sustained

the new code, and quoted the case of the People, ex, rel. Gray vs. The Erie County Medical Society, in which Judge Marvin held that the county societies were subordinate to the state. This was a serious moment in the history of the society, and those who are endeavoring by their opposition to the code to lead the society into an abyss, should understand they were doing what is contrary to the laws of the state and public policy. After much filibustering, the previous question was ordered, and the main question was then put by ayes and nays, resulting in the rejection of the resolutions by 99 ayes and 105 nays.

Dr. Roosa then offered the following, which was carried, and, on motion of Dr. Wey, of Elmira, laid on the table for one year:

The Medical Society of the state of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal code of ethics, which has, up to this time, been the standard of the profession of the state.

With no idea of lowering, in any manner, the standard of right and honor in the relation of physicians to the public and to each other, but, on the contrary, in the belief that a larger amount of discretion and liberty in individual action, and the abolition of detailed and specific rules, will elevate the ethics of the profession, the medical profession of the state of New York, as here represented, hereby resolve and declare, that the only ethical offenses for which they claim and promise to exercise the right of discipline are those comprehended under the commission of acts unworthy a physician and a gentleman.

*Resolved*, Also, that we enjoin the county societies and other organizations in affiliation with us, that they strictly enforce the requirements of this code.

Dr. John G. Adams, as a delegate from the New York Academy of Medicine, offered a protest against the action of the society, charging that it had "assumed an attitude and adopted a policy in direct and open hostility to the honor and the best interests of the medical profession."

The report of the committee on legislation was presented by Dr. Sturgis, and recommended the drafting of a bill to regulate and throw additional safeguards about the practice of medicine. A lengthy discussion of the subject followed, the tenor of the re-



marks tending to show that the registration law of 1880 was inadequate to meet the requirements of the profession, as under it all forms of quackery could register and be legally qualified to practice. On motion of Dr. Hopkins the report was adopted.

The report of the committee on the president's address was then read by Dr. Hutchinson, but, as it conflicted with the previous report of the committee on legislation, was ordered placed on file. The report stated that in the judgment of the committee legislative enactments for the regulation of the medical profession are not to be desired, and that but little advantage has thus far resulted from such action in matters relating to our status as individuals or as a society; that there was no better method for elevating the standard of medical education than for physicians to discourage the study of medicine by those whose preliminary education is deficient, and to use their influence to guide students to those medical schools which furnish the most thorough course of instruction; that the committee did not consider that examinations conducted by a state board of examiners could be made so free from political influences as to be recommended to the meeting.

The efforts of the state board of health were commended as worthy of hearty support, and a suggestion offered that hereafter the annual address be dispensed with, and the president's views on matters of interest be incorporated in the inaugural address.

Dr. H. D. Didama exploded a bombshell in the society by saying:

"Believing that the so-called new code of ethics is opposed to the opinions of the majority of the medical profession throughout the world, as expressed in the action of county, state and national associations, and in discussions in medical journals; and believing also that this so-called code, by removing wholesome restraints, encourages a spirit of lawlessness and sanctions fraud; that it is hurtful not only to the profession, but to the public; that its adoption sent a thrill of joy through the heart of every quack in the land, and gave pain to the wisest and best of our associates in the profession; and by concerted action of the friends of honesty and good order, I offer the following amendment to the by-laws:

*Resolved*, That all action taken at the annual meeting of 1882, in regard to changing the code of ethics, be repealed, leav-

ing the code to stand as it was before such action was taken."

Dr. Wey moved to table, saying that the question was already covered by the resolution offered last evening and now lying on the table for action next year.

Dr. Roosa denounced the resolution and the remarks prefacing it as an insult to the society and a violation of all rules of honor.

Other members discussed the matter pro and con in a somewhat heated manner, and finally on the assurance of Dr. Didama that he did not intend to present his remarks as a preamble to the resolution, opposition was withdrawn and the resolution was received until next year.—*New York Med. Times, March, 1883.*

### CORRESPONDENCE.

#### EDITOR COUNSELOR:

The article in the COUNSELOR, of Dec. 15, entitled, "Stimulants in Diphtheria," strikes me as teaching what will misguide, instead of guide, the homœopathic practitioner in the treatment not only of Diphtheria, but of all other diseases.

According to Grauvogl's experiments with bread-mould, alcohol was the only agent used that immediately destroyed the mould; camphor and alcohol were the only poisons that prevented the growth of the mould. Now, I can see homœopathic treatment in Dr. Von Grauvogl's procedure with the bread-mould, and can also arrive at a certain conclusion which, of all the agents used, destroyed the poisons and prevented a re-formation, but when a homœopathic practitioner employs brandy, alcohol, belladonna and aconite, all at the same time, I confess that I am at a loss to know what is homœopathic treatment and what is allopathic; moreover, I do not know what cured those patients who recovered, or what killed those who did not get well. To me, it is confusion worse confounded.—If the writer will tell us what per cent. the different agents used contributed in the cure of each case, or if he will give us the symptomatology which justified him in giving so large a number of remedies at one time, it will be valuable to those of us who have been taught that we should give the remedy which has the totality of symptoms, and whose toxical as well as healing properties have been perfectly proven upon the healthy organism; until that is done, I must conclude the doctor practised *empiricism*.

In 1877 we had diphtheria in this city. At that time I treated sixty-five cases, losing five cases out of that number. I cannot now give particulars of the treatment, further than to say that I prescribed as near as possible the properly indicated homœopathic remedy, except in one case; here I had counsel in the person of the beloved and lamented late Dr. Cote, who advised the use of brandy. I said to the Doctor: this boy has had administered to him one tablespoonful of brandy every two hours by the *regular* (so-called) physician who preceeded me in the case, and it does not seem to have done anything for him; and his sister, who died under the same heroic treatment, was not saved by the brandy treatment.—Nevertheless, the boy was placed upon the brandy-treatment; and, it is almost useless to add, he died.

Yours truly,

I. C. KENNEDY, M. D.,  
2216 Carson St., Pittsburgh.

EDITOR COUNSELOR:—

In his "Criticism" in the last number of the COUNSELOR, Dr. John C. King says that, so far as he has seen, the largest number of cases reported by a single French physician, during the recent epidemic of typhoid fever in Paris, has been forty-five.

If the doctor will refer to the *Medical Record* of Jan. 6, 1883, page 13, he will find it there stated that one physician reported eighty-seven cases, and another fifty-seven.

Yours, respectfully,

PITTSBURGH, PA., 1708 Carson-st.

W. J. MARTIN.

EDITOR COUNSELOR:

If Dr. Bush, who asks advice in the COUNSELOR of Feb. 15, in a case of diabetes, will consult Allen's *Mat. Med.*, he will find that rhus tox. is the remedy, a perfect simillimum. If the cause was a fall, then rhus is indicated. Perhaps it will be necessary to substitute rhus aromat., ten-drop doses. The latter remedy I have found very efficacious in such cases. Feed the patient with Farwell & Rhines Gluten Flour, Watertown, N. Y.

G. S. STEVENS,  
Providence, R. I.

Dr. Burrows has left Oberlin, O., and is once more settled in his old home, El Paso, Ills.







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